

# American Optometric Association NEWS



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## New AOA Board takes oath

**Carlson sworn in as first female AOA president**



**Mark Helgeson, O.D., swears in the 2011-2012 AOA Board of Trustees.** From left, Dori Carlson, O.D., president; Dr. Helgeson; Joe Ellis, O.D., immediate past president; Ron Hopping, O.D., MPH, president-elect; Mitch Munson, O.D., vice president; David Cockrell, O.D., secretary-treasurer; Steve Loomis, O.D., trustee; Andrea Thau, O.D., trustee; Chris Quinn, O.D., trustee; Sam Pierce, O.D., trustee; Hilary Hawthorne, O.D., trustee; and Barb Horn, O.D., trustee.

The AOA welcomed its newly elected 2011-2012 officers and trustees at Optometry's Meeting® last month in Salt Lake City.

Dori Carlson, O.D., was sworn in as the 90th president of the AOA. Dr. Carlson is the first female president, as well as the first president from the state of North Dakota, in the history of the AOA.

"It's a beautiful day to be an optometrist," Dr. Carlson declared in her inauguration

speech. (For the full speech, see her President's Column on page 4.)

Ronald Hopping, O.D., MPH, assumed the office of president-elect of AOA.

In seconding the nomination, past AOA president Wes Pittman, O.D., noted this is the first time a father and son have served in this capacity. Dr. Hopping's father, Richard Hopping, O.D., served as the AOA's president in 1970.

Mitch Munson, O.D., was elected to the office of vice

president.

"I get to work with some of the most incredible people in optometry," said Dr. Munson. "I promise to continue to work hard on behalf of this organization."

David Cockrell, O.D., was elected to the office of secretary-treasurer.

"It's an honor and a privilege," said Dr. Cockrell. "But most of all, thanks for your confidence."

*See Board, page 8*

## EyeLearn™ expanding to 10 content areas

EyeLearn™, the AOA's new comprehensive optometric education Web portal, is rapidly expanding, according to AOA Trustee Christopher J. Quinn, O.D.

The new "one-stop online learning resource" for optometrists will soon offer interactive learning modules on 10 subjects, Dr. Quinn said.

Modules covering a half dozen topics – ametropia and ophthalmic optics, contact lenses, the anterior segment, pre- and post-operative care, the posterior segment, and neuro-ophthalmic disorders – will be posted to the Web site over the next three months, Dr. Quinn said.

*See EyeLearn™, page 15*

## First class of ODs takes ABO test

After much anticipation since the creation of the American Board of Optometry (ABO), the first offering of the ABO Board Certification Examination was conducted across the country June 1-18. More than 500 registered for the exam, and there are 1,500 active candidates who are eligible to take the exam during future offerings.

Passing of the initial ABO exam will allow practitioners to begin the 10-year maintenance of certification cycle.

"From the selection of a partner with vast experience in computer-based examinations, to long hours of writing and reviewing of test items by clinical practitioners across the country, this has been a

*See Exam, page 6*



American Optometric Association

**eyelearn™**  
AOA's Online Learning Resource

**President's Column**  
It's a beautiful day!



4

**Eye on Washington**  
Report documents rapid growth in e-prescribing



8



## Obviously, those aren't Shamir lenses

If they were, he might realize where that raunchy smell was coming from. He'd arrive at home with the #4 Combo (with pickles) that his pregnant wife had been craving. He'd get a kiss and a lifetime of happiness for his thoughtfulness. Instead he chose the other guy's lenses and well, unfortunately for him, he'll spend the entire night on the couch with the dog. Don't let your patients miss the mark. Make sure you recommend Shamir lenses to all of them (or at least the ones you like).



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## PRESIDENT'S COLUMN

# It's a beautiful day!

**E**ditor's note: this column contains excerpts from the inaugural address given June 18 at the AOA House of Delegates.

It's a beautiful day to be an optometrist! Much has been said of a woman finally ascending to the office of president of the AOA. While I have tried to not make much of this, I want to share THIS story. In James Gregg, O.D.'s book, "American Optometric Association – a History," he wrote about a meeting of the American OPTICAL Association, which took place in August of 1911. He wrote: "Mild revolutions began at the 1911 convention at the Hotel Utah in Salt Lake City, and some precedents were broken. The 'revolt' came from the West; and as might be expected, California was in the center of the ruckus. Perhaps fortunately, it was a lady, Mrs. D. Elva Cooper, an AOA member from Bradford, Pa, who delicately presided over the stormy session."

He continued writing: "With amazing frequency, members and officers of the AOA were unable to attend early conventions because of illness, far more frequently than has been the case in recent times. The convention records include case after case of illness. No president ever missed a convention until 1911, when President C.N. McDonnell was detained by illness, as was First Vice-President E. E. Culverhouse of Toronto... This put Mrs. Cooper, who was second vice-president, in line to preside over the 14th annual convention of the

American Optical Association, which she decided to do over the objections of a few males."

According to the August 1911 edition of the *Optical Journal and Review of Optometry*, a petition was actually floated at the convention, and it was signed by many members asking Mrs. Cooper to step aside since it was not "lady-like" to conduct the business of a national meeting.

The Journal goes on to say the tone of the convention

tunity to speak, with no favoritism; the committee assignments were well spread out and the nominations for officers made from the floor with two for each office voted by secret ballot."

The result was harmony and a solution of problems that might not have otherwise occurred. There was a completely new set of officers selected. By the way, Mrs. Cooper was NOT re-elected.

That was 100 years ago in this very city. A lot has

*We will be taking care of kids, rather than just identifying them and then having them slip through the cracks.*

changed since then and yet... some things never really change. However, I have not seen any petitions circulating around the House saying it is not "ladylike" for me to serve, so I should be safe.

I do think it is interesting to note that, with my election, it completes a recent trend. Mrs. Tone Garaas is president of the World Council of Optometry. Dr. Kirsten North is president of the Canadian Association of Optometrists. And my friend, Dr. Karla Zadnik, is president of the American Academy of the Optometry.

What a BEAUTIFUL year! We've had so many successes this past year.

For example, Kentucky passed a monstrous bill in their state. It was a day when I, like so many other people in this room, was extremely proud to be an optometrist



**Dr. Carlson**

and even more proud of my colleagues in Kentucky. Yes, they now have the authority to take care of patients in a fashion they weren't able to before, but even more importantly, they won autonomy. With a few limitations, the State Board of Optometry in Kentucky has the ability to define optometry's scope of practice in the future. No one else will tell optometrists in Kentucky what they're capable of doing. And that's good for optometrists AND our patients!

AOA participated in the 3-D Symposium in New York earlier this spring, and within a month we had 450 media hits with 220 million media impressions. That's in just one month! At that time we signed a memorandum of understanding with the 3D@Home Consortium. What is the 3D@Home Consortium? It is a group of 55 companies of the likes of Sony, Samsung, Dolby, Dreamworks and THX. The memorandum says that we will work with these companies to promote the awareness

*See President, page 16*

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# AOA HOD topics include board certification, defense fund

The AOA House of Delegates (HOD) adopted five resolutions at Optometry's Meeting® this year. Two resolutions referred to the House without recommendation by the Resolutions Committee failed to be adopted. In addition, seven resolutions were withdrawn from consideration by their sponsors.

Adopted resolution 1 "encourages the affiliated state associations, their leadership

and members to join the APHA (American Public Health Association) and state public health associations." For the first time, an optometrist, Melvin Shipp, O.D., incoming dean of The Ohio State University College of Optometry, is serving as the president of the APHA.

The second adopted resolution offers support of the Healthy People 2020 objectives with one exception: "the first

vision objective included in Healthy People 2020 (increase the proportion of preschool children aged 5 years and under who receive vision screening) is not in alignment with the Joint Statement of the 2011 School Readiness Summit."

Adopted resolution 3 repeals the Affiliate Legal and Legislative Defense Fund interest-free loan program. The fund was originally collected from the membership over several

years as a special dues assessment to pay for legal costs borne by the AOA in defense of a multistate antitrust lawsuit. After the lawsuit was settled, the remaining money from the special assessment was eventually used by the House to set up the affiliate defense fund loan program, but the program was never used. One-third of the monies remaining in the fund will be used by the AOA to develop and purchase an association management system, and the other two-thirds will be disbursed to the affiliates based on a prorated percentage as outlined in the resolution.

The fourth adopted resolution indicates "that the affiliated associations and the state boards of optometry are strongly encouraged to oppose any action which would require examination for license renewal beyond completion of state mandated continuing education." The resolution notes "relicensure examinations or measures other than continuing education contemplated by state boards for the purposes of documenting continued competence of its licensees for license renewal would likely result in myriad requirements, creating an unnecessary burden for licensees and erecting another barrier to license mobility."

Adopted resolution 5 states that the AOA supports comprehensive examinations as the foundation for children's eye care services. In addition, the resolution reiterates the

AOA's recommended exam frequency schedule that all children have a comprehensive vision and eye health examination between 6 months and 12 months, at 3 years, before entry into formal school, and as recommended thereafter by the eye doctor.

Resolutions calling on the AOA to withdraw support for the American Board of Optometry (ABO) and to complete a feasibility study of member representative voting were both defeated. Video of the ABO discussion is available at [www.youtube.com/aoaweb](http://www.youtube.com/aoaweb).

Resolutions related to Optometric Education Curriculum, Access to Vision Care for Children and Removal of Barriers to Comprehensive Eye Care, the National Board of Examiners in Optometry Clinical Skills Exam Testing Site, Eligibility for Active Candidate Status for ABO Certification, a second resolution also seeking the dissolution of the Affiliate Legal and Legislative Defense Fund, Call for the AOA to Evaluate Optometric Workforce Statistics, and proposed amendments to the Initial Requirements for Certification by the ABO were all withdrawn.

All resolutions approved by the HOD are subject to review by the AOA Judicial Council before they become effective. The Judicial Council has finished its review, and the five adopted resolutions have become the policy of the AOA.

## AOA recognizes progress of ABO

During the first two weeks in June, nearly 500 doctors of optometry took the inaugural American Board of Optometry (ABO) certification exam. This represents a significant milestone in the profession-wide effort to establish board certification, and maintenance of certification, for optometrists, a process well-known to medicine and the public for many years.

"As one of the founding organizations of the ABO, the AOA congratulates all involved in moving this process to fruition," said AOA President Dori Carlson, O.D. "This is a major step forward in providing optometrists with a voluntary method to advance their knowledge and credentials. All optometrists who seek board certification should have the highest level of support for making advancements to our profession and moving us forward as a whole. The AOA will always stand up for the rights of our profession's future."

Conducted at 178 testing centers across the nation, the certification exam is the first step that will help ODs demonstrate to patients and third-party payers their commitment to continued proficiency. The results of the examination will be released by late August. More information is available at

[www.abopt.org](http://www.abopt.org).

The June tests were part of a series of milestones for the ABO.

At Optometry's Meeting® last month, ABO Chairman of the Board David Cockrell, O.D., reported that a federal judge had granted the ABO's request for a "summary judgment" in a suit brought by the

before they got to the floor.

Earlier this year, the National Quality Forum (NQF) accepted the ABO as a member. As an accrediting body of optometric board certification, the ABO will be a member of the Quality Measurement, Research and Improvement (QMRI) Council of the NQF. The

NQF is a non-profit organization that operates under a three-part mission to improve the quality of American health care by:

- ❖ Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them;
- ❖ Endorsing national consensus standards for measuring and publicly reporting on performance; and
- ❖ Promoting the attainment of national goals through education and outreach programs.

"On behalf of the AOA, I am pleased to see the validation of the ABO's efforts," said Dr. Carlson. "This marks the third year that the AOA House of Delegates has discussed the ABO and the third year that the House has expressed its support. In addition, we hope that the summary judgment marks an end to counter-productive litigation and brings about

See ABO, page 20

*This is a major step forward in providing optometrists with a voluntary method to advance their knowledge and credentials.*

American Optometric Society, Inc. "The American Board of Optometry is pleased that the judge has granted our motion for summary judgment," Dr. Cockrell said. The judgment is a statement by the court that there is no genuine issue for trial.

The AOA House of Delegates voted down a resolution that would have required the AOA to withdraw its "endorsement and support" of the ABO.

Proposed by the Optometric Society of the District of Columbia, the resolution was defeated on a voice vote after a brief discussion. Video of the full hearing is available on the AOA's YouTube channel, [www.youtube.com/aoaweb](http://www.youtube.com/aoaweb). Two other resolutions, related to qualifying to take the exam and the relationship between board certification and licensure, were withdrawn by their sponsors

## Exam, from page 1

challenging but exciting journey," said David A. Cockrell, O.D., ABO chairman of the board. "I am confident that the result is an examination of which our profession will be proud."

Even as the first exam is delivered, item writers continue to create new test items for the next examination, expected to take place the first two weeks of December.

The ABO is very pleased with the enthusiastic response from the profession.

Based on the number of optometrists registered for the June exam and those Active Candidates poised to take it in December, the ABO is on track to meet its goals for the number of board-certified ODs by year end.

Those doctors will be automatically enrolled in the maintenance of certification program.

For more information, visit [www.abopt.org](http://www.abopt.org) or contact the ABO staff at 314-983-4244.



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Luxottica is the proud sponsor of the Healthy Eyes Healthy People® Community Grants Program in conjunction with the American Optometric Association and Optometry Cares – The AOA Foundation.

# Report documents rapid growth in e-prescribing

**A**bout one in four pharmaceutical prescriptions are now issued electronically in the United States, according to the National Progress Report on e-Prescribing and Interoperable Healthcare, issued May 10 by Surescripts, the nation's largest e-prescribing network.

By December 2010, approximately 25 percent of prescriptions were being sent electronically, up from only one in 18 prescriptions at the end of 2008, according to the report.

Approximately 24 percent of patient visits involved an electronically delivered medication history in 2010, up from 9 percent in 2009.

The number of prescribers routing prescriptions electronically grew from 74,000 at the end of 2008 to 234,000 by the end of 2010 – representing 34 percent of all office-based prescribers and 36 percent of office-based physicians.

The number of electronic prescriptions in 2010 grew to 326 million up from 190 million e-prescriptions in 2009.

"Significant growth was seen between 2008 and 2010 in the adoption and use of the three critical steps that enable the e-prescribing process: prescription benefit, medication history and prescription routing," the report states.

Electronic responses to requests for prescription bene-

fit information grew 125 percent from 188 million in 2009 to 423 million in 2010. Prescription histories delivered to prescribers grew 184 percent from 81 million in 2009 to 230 million in 2010.

Prescriptions routed electronically grew 72 percent from 191 million in 2009 to 326 million in 2010.

About 79 percent of prescribers used electronic medical records (EMR), as opposed to stand-alone e-prescribing systems, in 2010, up from 70 percent in 2009.

In 2010, approximately twice as many patient visits to doctors' offices included the opportunity for physicians to access a patient's prescription benefit information and medication history in order to prescribe safer and lower-cost prescriptions.

At the end of 2010, approximately 91 percent of community pharmacies and six of the largest mail-order pharmacies in the United States were able to receive prescriptions electronically.

The report credits the growth in e-prescribing to action by the federal government – in particular, incentives offered through the Health Information Technology for Economic and Clinical Health Act and Medicare Improvements for Patients and Providers Act.

Cardiologists and family practitioners led in the adoption of e-prescribing, according to the report. Among cardiovascular disease specialists, 49 percent now e-prescribe. Some 47 percent of family physicians prescribe electronically. They are followed by internists (45 percent) and ophthalmologists (40 percent), according to the report. The report does not provide specific data on optometrists.

The complete National Progress Report on e-Prescribing and Interoperable Healthcare can be accessed on the Surescripts Web site ([www.surescripts.com/pdfs/national-progress-report.pdf](http://www.surescripts.com/pdfs/national-progress-report.pdf)).

## ODs still have time to earn e-Rx bonuses, avoid penalties

Optometrists who prescribe pharmaceuticals electronically – or plan to start e-prescribing soon – still have time to earn payment bonuses through the Medicare e-Prescribing Incentive Program during 2011, according to the AOA Health Information Technology (HIT) Subcommittee.

Moreover, they can ensure they will not be assessed payment penalties that the AOA expects Medicare to impose during 2013 on optometrists who fail to meet government e-prescribing targets this year.

As part of an overall effort to encourage electronic prescribing and other forms of health information technology, Medicare is offering 1 percent year-end payment bonuses for care practitioners who prescribe pharmaceuticals electronically at least 25 times over the course of 2011.

Medicare practitioners who e-prescribe will be able to qualify for 1 percent payment bonuses again in 2012 and half-percent bonuses in 2013.

The Medicare e-prescribing incentive program is open to any practitioner who is not attempting to earn bonuses under Medicare Electronic Health Records (EHR) Incentive Program.

"There are thousands of AOA members who have earned e-Rx bonus payments from Medicare already, but tens of thousands more should be doing it," said AOA HIT Subcommittee Chair Philip Gross, O.D. "Optometrists have plenty of time between now and the end of 2011 to e-prescribe 25 times and earn this bonus."

In addition, by meeting e-prescribing targets this year, optometrists can avoid future payment penalties, Dr. Gross emphasized.

Under federal law, Medicare next year will begin docking payments to health care practitioners who have failed to meet e-prescribing targets.

During 2012, Medicare will reduce by 1 percent payments to all medical doctors, doctors of osteopathy, and doctors of podiatric medicine who did not meet e-prescribing targets during 2011. Optometrists will likely be added to that list of practitioners beginning in 2013, when the penalty will increase to 1.5 percent.

The penalty will be increased to 2 percent in 2014 and assessed that year against practitioners who have failed to meet e-prescribing targets during 2012. Medicare will continue to impose penalties on practitioners who fail to e-prescribe each year thereafter.

To qualify for e-prescribing incentives and avoid penalties, practitioners must report e-prescribing 25 times on Medicare claims using the designated CPT G-code, G8553. Use of the code automatically registers a practitioner in the e-prescribing incentive program. No pre-registration is required.

While optometrists are accepted as physicians under Medicare, and may earn Medicare bonus payments for reporting the use of e-Rx technology 25 times this year, the 2011 Medicare physician fee schedule regulation stipulates that the only physicians subject to the 2012 e-prescribing penalty are doctors of medicine, osteopathy, and podiatric medicine, the AOA Advocacy Group emphasizes.

See e-Rx, page 18

## Board, from page 1

Sam Pierce, O.D., was elected to a three-year term as an AOA trustee.

"Sam feels it's his duty and privilege to do this for his profession," said Tom Annunziato, O.D., who nominated Dr. Pierce.

Barbara Horn, O.D., was elected to a three-year term as an AOA trustee.

Dr. Horn said she was inspired by all those who volunteer for the AOA and its affiliates whom she had a chance to get to know over the

past year.

Randy Brooks, O.D., ended his service to the AOA Board of Trustees after serving as immediate past president this year.

"It was an honor and a privilege to serve," said Dr. Brooks.

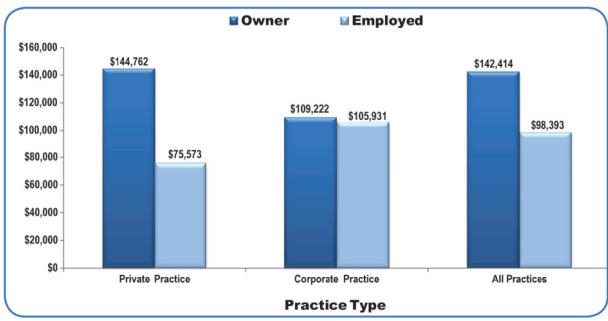
Joe Ellis, O.D., assumed the office of immediate past-president.

"You will never know the unbelievable honor it is to represent this profession," said Dr. Ellis.

### OPTOMETRY FACTS IN FOCUS

According to a recent AOA census of member optometrists, average net income from the primary practice of optometry was \$130,856 in 2009. Optometrists practicing in the East South Central division of the US reported the highest net income, \$166,553, and those in the Mountain division reported the lowest net income of \$110,157.

Net Income from Primary Practice, 2009



Source: AOA Research & Information Center, 2010 Census of Optometric Practice. "RIC@aoa.org"  
Visit [www.aoa.org/2010Income](http://www.aoa.org/2010Income) to read the Executive Summary and learn how you can obtain full results from the 2010 Census of Optometric Practice.



## EYE ON WASHINGTON

# AOA builds new support for School Readiness Summit's Healthy Vision and Learning Plan

In the weeks following the nationally-recognized School Readiness Summit: Focus on Vision, the AOA and its coalition partners have stepped-up efforts to move the nation toward a new and improved approach aimed at addressing high rates of learning-related vision problems now plaguing America's school children.

A major part of that effort to challenge the status quo, the School Readiness Summit working group first developed and now continues to actively seek support for the bold healthy vision and learning plan which emerged from the April gathering. To date, 26 leading national health care and education groups have signed-on to the groundbreaking joint statement.

In essence, the joint statement acknowledges that the current system of relying on ineffective vision screenings is failing the nation's families and concludes that comprehensive eye exams should instead serve as the foundation for an improved approach to ensuring school readiness in America's school children.

The complete School Readiness Summit: Focus on

Vision joint statement and the growing list of supporters can be found at: [www.aoa.org/documents/Joint\\_Statement.pdf](http://www.aoa.org/documents/Joint_Statement.pdf).

Knowing that much of what children learn comes through vision, the School Readiness Summit: Focus on Vision was conceived more than a year ago and in response to President Obama's call to ensure that no child is left behind in the classroom due to an undetected or untreated eye or vision disorder.

With generous support from HOYA Vision Care, the AOA and other leaders answered the call and lead the charge in gathering together more than 50 leading doctors, nurses, educators and other child health advocates in an effort to sort through the compelling data and develop a clear plan of action.

During the two-day intensive session, the interdisciplinary group documented the alarmingly high-rates of learning-related vision issues now plaguing America's children and issued a bold healthy vision and learning blueprint to replace a failed system that is leaving millions of children to endure the effects of diseases that are

treatable and vision loss that is preventable.

Powerful video highlights from the School Readiness Summit are available for viewing on the AOA's YouTube site at: [http://www.youtube.com/watch?v=nm\\_TsN0INJo](http://www.youtube.com/watch?v=nm_TsN0INJo).

A major policy shift, the group's joint statement signals the first time that such a broad and comprehensive group of health and education leaders have come together to back "comprehensive eye exams for school-aged children as a foundation for a coordinated and improved approach and as a key element of ensuring school readiness in American children."

Traditionally, parents and the U.S. educational system, as well as some health care providers, have heavily relied on cursory vision screenings to help identify those kids in need of a comprehensive eye exam. However, typical vision screenings tend to miss upwards of 75 percent of children with a learning-related vision problem, leaving millions of children without the tools they need to succeed in school and later in life.

"Thanks to the School Readiness Summit, we're an important step closer to eliminating undiagnosed and untreated vision problems from America's schools," said AOA President Dori Carlson, O.D.

"As a mom, a family eye doctor and newly elected President of the AOA, I'm proud of this gathering and its determination to lead the way toward doing more to ensure that our children reach their full potential, including recognizing the urgent need for regular comprehensive eye exams," added Dr. Carlson.

While the School Readiness Summit and the resulting joint statement have

## Boozman accepts OD of the Year honors



U.S. Sen. John Boozman, O.D., (R-Ark.), left, is presented with the AOA's 2011 Optometrist of the Year Award by Jon Hymes, director of the AOA's Washington office. Sen. Boozman, a former five-term U.S. House member who challenged and defeated an incumbent senator in 2010, is a leader in Congress on health care policy and patient access issues. He's authored and been a driving force behind bills to establish a National Vision Center of Excellence to help deliver quality eye care to military personnel and veterans, to make healthy vision for children a top priority and to crack down on unscrupulous contact lens sellers. Sen. Boozman, who has maintained AOA membership since graduating in 1977 from Southern College of Optometry, credits his experiences in caring for patients and launching and growing his practice over 25 years for shaping his outlook as a public official.



**Powerful video highlights from the School Readiness Summit are available for viewing on the AOA's YouTube site at:**  
[www.youtube.com/watch?v=nm\\_TsN0INJo](http://www.youtube.com/watch?v=nm_TsN0INJo).

since garnered national media attention and interest from key federal agencies, the AOA and other summit organizers were proud to have the U.S. Department of Education on board as an original School Readiness Summit participant.

"We know that if we are to improve school success, we must make sure children can see," said Dr. Alexa Posny of the U.S. Department of Education.

"If America is to produce world class students, we must make sure they have all the tools they need for success. Eye exams should be a part of efforts to improve America's educational outcomes."

In the coming weeks, the AOA and its School Readiness Summit partners will continue to build support for the bold healthy vision and learning plan and will soon develop a further plan of action.

In the meantime, AOA members can learn more about how they can help advance the cause of early and periodic comprehensive eye exams for America's children by contacting the AOA Washington office at 800-365-2219 or at [ImpactWashingtonDC@aoa.org](mailto:ImpactWashingtonDC@aoa.org).

For complete School Readiness Summit coverage, visit: [www.aoa.org/x18280.xml](http://www.aoa.org/x18280.xml).

# AOA affiliates honor top ODs for contributions

## Fred Wallace, O.D. Alabama Optometric Association InfantSEE® provider

Dr. Wallace is a 1982 graduate from the University of Alabama at Birmingham School of Optometry. He is an active member of both the Alabama Optometric Association and the AOA. His honors include Alabama's "Optometrist of the Year" in 2010.



## Lt. Cmdr. Donovan G. Green, O.D. Armed Forces Optometric Society

Dr. Green is a 1992 graduate from the New England College of Optometry. Dr. Green is an active member of the AOA and is a fellow of the American Academy of Optometry. He has served in the chain of AFOS leadership positions over the past several years, including serving as immediate past president, vice president, secretary-treasurer and council member. Dr. Green's honors include the 2010 Optometrist of the Year award from AFOS. Dr. Green currently serves as the United States European Command Regional Optometry Consultant and the Chief of Optometry Services at Landstuhl Regional Medical Center.



## Duane A. deCroupet, O.D. California Optometric Association InfantSEE® provider

Dr. deCroupet is a 1970 graduate from the Southern California College of Optometry. He is an active member of both the California



Optometric Association and the AOA. Dr. deCroupet was named Optometrist of the Year by the COA for 2010.

## Karen R. Wharton, O.D. Colorado Optometric Association

Dr. Wharton is a 1983 graduate from the Pacific University College of Optometry. She is an active member of both the Colorado Optometric Association and the AOA. Currently, Dr. Wharton is serving as the COA's president-elect and will become president this month. Her honors include the COA's 2010 Optometrist of the Year. Dr. Wharton opened her private practice in 1985.



## Paige Foster, O.D. Georgia Optometric Association InfantSEE® provider

Dr. Foster is a 1997 graduate from the Southern College of Optometry. She is an active member of both the Georgia Optometric Association and the AOA. Currently, Dr. Foster serves as the GOA Continuing Education chair. Her honors include the GOA's 2010 Optometrist of the Year and its 2001 Young Optometrist of the Year. Dr. Foster is in private practice at East Metro Eyecare, P.C., in Conyers, Ga.



## Charlotte F. Nielsen, O.D. Illinois Optometric Association

Dr. Nielsen is a 1992 graduate from the Illinois College of Optometry. She is an active member of both the Illinois Optometric Association and the AOA. Her honors include the IOA's



**AOA Immediate Past President Joe Ellis, O.D., presents Brian Klinger, O.D., with the Distinguished Service Award at Optometry's Meeting® last month.**

Young Optometrist of the Year in 2000 and, most recently, the IOA's Optometrist of the Year for 2010.

## John Offerle, O.D. Indiana Optometric Association InfantSEE® provider

Dr. Offerle is a 1979 graduate from the Indiana University School of Optometry. He is an active member of both the Indiana Optometric Association and the AOA. Dr. Offerle currently practices with Eye Care Associates of Michiana, LLC, in South Bend, Ind.



## G. Derril Gwinner, O.D. Kansas Optometric Association

Dr. Gwinner is a 1966 graduate from the University of Houston College of Optometry. He is an active member of both the Kansas Optometric Association and the AOA. Dr. Gwinner has served as past president of the KOA and the Kansas Optometric

Foundation. He has been published in both the Kansas Optometric Journal and KOA Light Rays. Dr. Gwinner currently practices in Ellsworth and Lincoln, Kan.

## Barbara L. Horn, O.D. Michigan Optometric Association InfantSEE® provider

Dr. Horn is a 1998 graduate from the Michigan College of Optometry. She is an active member of both the Michigan Optometric Association and the AOA. From 2009-2010, Dr. Horn served as president of the MOA, chair of its Awards Committee, and chair of its Grassroots Optometry (GO!) committee. Her AOA activity from 2009-2010 included the role of Clinical and Practice Advancement Group Executive Committee chair and Membership Group Executive Committee chair. Dr. Horn's honors include the MOA's Optometrist of the Year in 2010 and the AOA Young Optometrist of the Year in 2006. Dr. Horn currently has her own private practice, ExpertEyes Family Eye Center & Optical, in Washington, Mich.



## Steven T. Reed, O.D. Mississippi Optometric Association InfantSEE® provider

Dr. Reed is a 1995 graduate from the Southern College of Optometry. He is an active member of both the Mississippi Optometric Association and the AOA. Currently, Dr. Reed is the co-chair of the MOA's Third Party Committee. His current AOA committee participation includes being a member of both the Communications Group Executive Committee and the Social Media Committee. Dr. Reed is the 2010 MOA recipient of the James P. Brownlee Optometrist of the Year Award, which is the highest honor available to a Mississippi optometrist. Dr. Reed has a private practice in Magee, Miss.



## Scott R. Ream, O.D. Missouri Optometric Association InfantSEE® provider

Dr. Ream is a 1987 graduate from the University of Missouri—St. Louis College

*See ODs of the Year, next page*

## ODs of the Year,

from previous page

of Optometry. He is an active member of both the Missouri Optometric Association and the AOA. Currently, he is serving as the chair of the newly formed MOA Third Party Committee and as a member of the AOA Insurance Committee. Dr. Ream has practiced in Thayer, Mo., his hometown, for the past 24 years.



### Ronald L. Benner, O.D. Montana Optometric Association

Dr. Benner is a 1986 graduate from the Pacific University College of Optometry. He is an active member of both the Montana Optometric Association and the AOA. Dr. Benner currently serves on the MOA's Medicare, Education and Third Party committees. His honors include being twice named the MOA's Optometrist of the Year, in 1998 and 2010. Dr. Benner has owned and operated his private practice, Southern Montana Optometric Center, in Laurel, Mont., since 1988.



### Steve Alcorn, O.D. Nebraska Optometric Association InfantSEE® provider

Dr. Alcorn is a 1996 graduate from the University of Houston College of Optometry. He is an active member of both the Nebraska Optometric Association and the AOA. Dr. Alcorn has a private practice in Fremont, Neb.



### Bruce L. Meyer, O.D. New Jersey Society of Optometric Physicians InfantSEE® provider

Dr. Meyer is a 1982 graduate from the New England College of Optometry. He is an active member of both the New Jersey Society of Optometric Physicians and the AOA. Dr. Meyer currently manages two private practices: Riverdell Family Vision Care in Oradell, N.J., and Newport Vision Center in Jersey City, N.J.



### Thomas P. Arvas, O.D. New Mexico Optometric Association

Dr. Arvas is a 1967 graduate from the Pacific University College of Optometry. He is an active member of both the New Mexico Optometric Association and the AOA. Dr. Arvas has served as president of the NMOA and as a member of the New Mexico Board of Examiners in Optometry. Dr. Arvas began his private practice in Albuquerque, N.M., in 1968.



### Richard J. Madonna, O.D. New York State Optometric Association

Dr. Madonna is a 1985 graduate from the State University of New York (SUNY) State College of Optometry. He is an active member of both the New York Optometric State Optometric Association and the AOA. His honors include the NYSOA Arthur M. Gottlieb Leadership Award in 2001



and the NYSOA Distinguished Achievement Award in 2004. In addition, Dr. Madonna has given lectures and workshops and has been published extensively. Dr. Madonna is currently a professor at the SUNY State College of Optometry.

### Brian E. Mathie, O.D. Ohio Optometric Association InfantSEE® provider

Dr. Mathie is a 1990 graduate from The Ohio State University College of Optometry. Dr. Mathie has been a member of the AOA since he was a student at OSU. Within the Ohio Optometric Association, Dr. Mathie is on the Finance Committee and is the past president, having served on the board from 1998-2005. His honors include the 2010 Optometrist of the Year from Ohio. Dr. Mathie is currently the clinic director at Roholt Vision Institute in North Canton, Ohio.



### Jennifer Smythe, O.D. Oregon Optometric Physicians Association

Dr. Smythe is a 1993 graduate from the Pacific University College of Optometry. She is an active member of both the Oregon Optometric Physicians Association and the AOA. Dr. Smythe is the current dean of the Pacific University College of Optometry; in addition, she is an editorial advisor for Optometry Times and a contributing editor to Primary Care Optometry News. She has published extensively as well as serving as a thesis advisor on many occasions.



### Steven P. Eiss, O.D. Pennsylvania Optometric Association InfantSEE® provider

Dr. Eiss is a 1995 graduate from the Pennsylvania College of Optometry. He is an active member of both the Pennsylvania Optometric Association and the AOA. Dr. Eiss has served on the POA's Third Party Center since 2010 and served as the chair of its Public Relations Committee from 2006-2009. Dr. Eiss is also active in student task force events scheduled at PCO.



### James Vaught, O.D. South Carolina Optometric Physicians Association InfantSEE® provider

Dr. Vaught is a 1983 graduate from the University of Alabama at Birmingham School of Optometry. He is an active member of both the South Carolina Optometric Physicians Association and



the AOA. Currently, Dr. Vaught is the immediate past president of SCOPA. His AOA committee participation includes being a member of the Advocacy Group Executive Committee. Dr. Vaught has been practicing in Conway, S.C., since 1983.

### Chris H. Cooper, O.D. Tennessee Association of Optometric Physicians

Dr. Cooper is a 1997 graduate from the Southern College of Optometry. He is an active member of both the Tennessee Association of Optometric Physicians and the AOA. His honors include being named one of the "Ten Outstanding Young Americans" in 2008 by the United States Junior Chamber of Commerce and the "2010 Most Outstanding Optometrist" by the Tennessee Association of Optometric Physicians. Dr. Cooper is the senior managing partner of West Tennessee Eye, a private practice based in Memphis, Tenn.



*See ODs of the Year, page 12*



**AOA Immediate Past President Joe Ellis, O.D., presents Shoni Sharp, CPOT, with the Paraoptometric of the Year Award.**

# Affiliates name top Young Optometrists of the Year

## Zachary B. Steele, O.D. Alabama Optometric Association InfantSEE® provider

Dr. Steele is a 2003 graduate from the University of Alabama at Birmingham School of Optometry. He is an active member of both the Alabama Optometric Association (ALOA) and the AOA. Dr. Steele served on the

ALOA's Board of Directors from 2007-2010. His honors include the ALOA's Young Optometrist of the Year in 2010. He is currently the junior partner and business manager for Trussville Vision Care. Dr. Steele also owns a practice in Chelsea, Ala.



## ODs of the Year, from page 11

### Stanley Y. Woo, O.D. Texas Optometric Association InfantSEE® provider

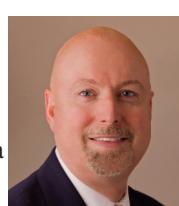
Dr. Woo is a 1994 graduate from the University of California at Berkeley School of Optometry. He is an active member of both the Texas Optometric Association and the AOA. Dr. Woo's honors include being named the TOA's Young OD of the Year in 2006 and its Optometrist of the Year in 2010. Dr. Woo is currently an assistant professor at the University of Houston College of Optometry.



office private optometric group practice in northern Virginia.

### Byron J. Nibert, O.D. West Virginia Optometric Association

Dr. Nibert is a 1981 graduate from the Pennsylvania College of Optometry. He is an active member of both the West Virginia Optometric Association and the AOA. Within the WVOA, he has served in numerous positions, including regional chairman, trustee of the executive board, legislative liaison, and legislative chairman. Dr. Nibert established Southern Eye Care Associates in Montgomery, W.Va., in 1983.



### David H. Hettler, O.D. Virginia Optometric Association InfantSEE® provider

Dr. Hettler is a 1984 graduate from The Ohio State University College of Optometry. He is an active member of both the Virginia Optometric Association and the AOA. His honors include being named the VOA's Optometrist of the Year. Dr. Hettler is one of two principal partners in a seven-



### Mark Ebbin, O.D. Wisconsin Optometric Association InfantSEE® provider

Dr. Ebbin is a 1978 graduate from the Illinois College of Optometry. He is an active member of both the Wisconsin Optometric Association and the AOA. Dr. Ebbin has owned his practice, Kaukauna Eye Care, since 1980.



### Capt. Peter E. Carra, O.D. Armed Forces Optometric Society

Dr. Carra is a 2007 graduate of the Pennsylvania College of Optometry at Salus University. He is an active member of both the Armed Forces Optometric Society (AFOS) and the AOA. Dr. Carra currently serves on the Awards Committee for AFOS. His honors include being named the Junior Optometrist of the Year in 2010 for AFOS. Currently, Dr. Carra is the Chief Aerospace optometrist at Joint Base Andrews, the Andrews' extern director for the Pennsylvania College of Optometry and the Southern College of Optometry, as well as an adjunct professor for the Pacific University College of Optometry.



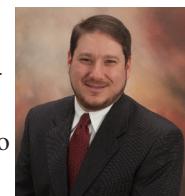
### Linda Rappa, O.D. California Optometric Association

Dr. Rappa is a 2004 graduate from the New England College of Optometry. She is an active member of both the California Optometric Association (COA) and the AOA. Her honors include the COA's Young Optometrists of the Year for 2010. Dr. Rappa practices in Sacramento, Calif.



### Jason Ortman, O.D. Colorado Optometric Association

Dr. Ortman is a 2000 graduate from The Ohio State University College of Optometry. He is an active member of both the Colorado Optometric Association (COA) and the AOA.



Currently, Dr. Ortman is a member of the COA's Board of Trustees and is the Third Party coordinator. His honors include the COA's Young Optometrist of the Year in 2010. Dr. Ortman owns a private practice in Colorado.

### Kim Raharja, O.D. Georgia Optometric Association InfantSEE® provider

Dr. Raharja is a 2006 graduate from the Southern College of Optometry. She is an active member of both the Georgia Optometric Association (GOA) and the AOA. Dr. Raharja currently serves as the chair of the GOA's Community Technology Committee. Dr. Raharja is the chief executive officer of Atlanta Eye Center, LLC, in Atlanta, Ga.



### Brian J. Plattner, O.D. Illinois Optometric Association InfantSEE® provider

Dr. Plattner is a 2001 graduate from The Ohio State University School of Optometry. He is an active member of both the Illinois Optometric Association (IOA) and the AOA. Currently, Dr. Plattner is the IOA Communications trustee. His honors include the IOA's Young Optometrist of the Year for 2010. Dr. Plattner is a partner in Tri-County Eye Care in Galva, Ill.



### Laura Windsor, O.D. Indiana Optometric Association InfantSEE® provider

Dr. Windsor is a 2001 graduate from the Indiana University School of Optometry. She is an active member of both the Indiana

Optometric Association (IOA) and the AOA. Dr. Windsor is currently a member of the IOA's Electronic Medical Records Task Force. Her honors include the IOA President's Citation for the Young Optometrist of the Year in 2010. Dr. Windsor is currently a partner of the Eye Associates Group, LLC/Low Vision Center of Indiana.

### Jeffrey J. Schletzbaum, O.D. Kansas Optometric Association

Dr. Schletzbaum is a 2003 graduate from the University of Missouri-St. Louis College of Optometry. He is an active member of both the Kansas Optometric Association (KOA) and the AOA. Dr. Schletzbaum currently serves as chair of the KOA's Assistance to Graduates and Undergraduates/New OD Committee. Dr. Schletzbaum practices in Hutchinson, Kan.



### Jennifer J. Kungle, O.D. Maryland Optometric Association InfantSEE® provider

Dr. Kungle is a 2000 graduate from the Southern College of Optometry. She is an active member of both the Maryland Optometric Association (MOA) and the AOA. Currently, Dr. Kungle is the secretary-treasurer of the MOA board and heads up the association's Finance Committee. Dr. Kungle opened the Center for Vision Development in 2003 in Pasadena, Md., and now has a second location in Annapolis, Md.



*See Young ODs, next page*

## Young ODs,

from page 12

### W. Lee Ball, Jr., O.D. Massachusetts Society of Optometrists InfantSEE® provider

Dr. Ball is a 2001 graduate from the University of Houston College of Optometry. He is an active member of both the Massachusetts Society of Optometrists and the AOA. Dr. Ball's honors include the Massachusetts Society of Optometrists' Young Optometrist of the Year in 2010. Currently, Dr. Ball works at the Beth Israel Deaconess Medical Center and has a private practice in Boston's Longwood area.



### Jeffrey J. Kenyon, O.D. Michigan Optometric Association InfantSEE® provider

Dr. Kenyon is a 2005 graduate from the Michigan College of Optometry. He is an active member of both the Michigan Optometric Association (MOA) and the AOA. His honors include the MOA's Young Optometrist of



the Year for 2011. Dr. Kenyon currently practices with West Michigan Eyecare Associates in Grand Rapids, Mich.

### Eric Randle, O.D. Mississippi Optometric Association InfantSEE® provider

Dr. Randle is a 2002 graduate from the University of Houston College of Optometry. He is an active member of both the Mississippi Optometric Association (MOA) and the AOA. Dr. Randle currently serves as secretary-treasurer on the MOA board and is also the chair of its Finance Committee. Dr. Randle's primary practice is Holly Springs Eyecare, PLLC, in Holly Springs, Miss., but he recently opened a second practice in Charleston, Miss.



### Melanie Linderer, O.D. Missouri Optometric Association InfantSEE® provider

Dr. Linderer is a 2003 graduate from the University of Missouri-St. Louis College of Optometry. She is an active

member of both the Missouri Optometric Association (MOA) and the AOA. Dr.

Linderer is currently a trustee on the MOA board. Dr. Linderer practices in Liberty, Mo.

### Cheryl Chapman, O.D. Nebraska Optometric Association InfantSEE® provider

Dr. Chapman is a 2003 graduate from the University of Houston College of Optometry. She is an active member of both the Nebraska Optometric Association (NOA) and the AOA. Dr. Chapman served on the NOA Board of Directors from 2008-2010. Dr. Chapman has owned her own practice since 2006.



### Kelly MacDonald, O.D. New Hampshire Optometric Association InfantSEE® provider

Dr. MacDonald is a 2001 graduate from the New England College of Optometry. She is an active member of both the New Hampshire Optometric Association (NHOA) and the AOA. Dr. MacDonald served as president of the NHOA in 2008. She owns a practice, Drs. Helfman, Lasky & MacDonald, in Nashua, N.H.



### John F. Insinga, O.D., New Jersey Society of Optometric Physicians InfantSEE® provider

Dr. Insinga is a 1997 graduate from the State University of New York



State College of Optometry. He is an active member of both the New Jersey Society of Optometric Physicians and the AOA.

### Brent Shelley, O.D. New Mexico Optometric Association

Dr. Shelley is a 2000 graduate from the Indiana University School of Optometry. He is an active member of both the New Mexico Optometric Association (NMOA) and the AOA. Dr. Shelley served on the NMOA Board of Trustees from 2007-2009 and currently serves on its Coding and Billing Committee. His honors include the NMOA's Young Optometrist of the Year in 2010.



### Stephen M. Baker, O.D. New York State Optometric Association InfantSEE® provider

Dr. Baker is a 2002 graduate from the State University of New York State College of Optometry. He is an active member of both the New York State Optometric Association (NYSOA) and the AOA. Currently, Dr. Baker serves as vice president for Society Relations for the NYSOA. Dr. Baker is currently a partner in a large, full-scope, private practice with two locations in central New York.



### Robert A. Engel, O.D. Ohio Optometric Association InfantSEE® provider

Dr. Engel is a 2001 graduate from The Ohio State University College of Optometry. He is an active



member of both the Ohio Optometric Association (OOA) and the AOA. Currently, Dr. Engel serves on the OOA's Electronic Health Records Task Force. His honors include the OOA's Young Optometrist of the Year for 2010.

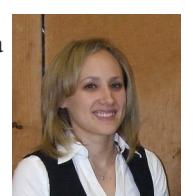
### Matthew S. Richardson, O.D. Oregon Optometric Physicians Association InfantSEE® provider

Dr. Richardson is a 2004 graduate from the Pacific University College of Optometry. He is an active member of both the Oregon Optometric Physicians Association (OOPA) and the AOA. Dr. Richardson currently serves as Legislative director on the OOPA board. His honors include the OOPA's Young Optometrist of the Year for 2010. Dr. Richardson practices with Eye Care Group in Grants Pass, Ore.



### Jessica L. Young, O.D. Pennsylvania Optometric Association

Dr. Young is a 2007 graduate from the Pennsylvania College of Optometry. She is an active member of both the Pennsylvania Optometric Association and the AOA. Dr. Young practices in Johnstown, Pa.



### Lori Donovan, O.D. South Carolina Optometric Physicians Association InfantSEE® provider

Dr. Donovan is a 2002 graduate from the Inter American University School of Optometry. She is an active

See *Young ODs*, page 14

## AOA seeking courses for Chicago's Optometry's Meeting®

The Continuing Education Committee of the AOA is pleased to invite submissions of optometric, paraoptometric, and optometric student education courses at the 2012 Optometry's Meeting® in Chicago, Ill.

Continuing education courses will be held from Wednesday, June 27 through Sunday, July 1, 2012.

Courses submitted cover a wide variety of ophthalmic topics. All abstracts must be submitted electronically via online submission by July 29, 2011.

To submit a course, visit the AOA Web site, [www.optometrysmeting.org](http://www.optometrysmeting.org), and click on the "2012 Call for Courses" icon.

Inquiries regarding the Call for Courses can be e-mailed to: [continuing-ed@aoa.org](mailto:continuing-ed@aoa.org).

Notification of selected courses will be e-mailed to all applicants in early fall.

## Young ODs,

from page 13

member of both the South Carolina Optometric Physicians Association and the AOA. Dr. Donovan is the current president of SCOPA. Her AOA committee participation includes serving as a member of the Communications Group Executive Committee. Her honors include SCOPA's Young Optometrist of the Year in 2009. Dr. Donovan is in private practice in Mt. Pleasant, S.C.



### Jody E. Simmons, O.D. Tennessee Association of Optometric Physicians InfantSEE® provider

Dr. Simmons is a 2008 graduate from University of Alabama at Birmingham School of Optometry. She is an active member of both the Tennessee Association of Optometric Physicians (TAOP) and the AOA. Her honors include the TAOP's Young Optometrist of the Year for 2010. Currently, Dr. Simmons owns two practices, Lifetime Family Eyecare, PLLC, in Franklin, Tenn., and Simmons Eyecare, PLC in Lewisburg, Tenn.



### Thomas A. Lucas, Jr., O.D. Texas Optometric Association

Dr. Lucas is a 2006 graduate from the University of Houston College of Optometry. He is an active member of both the Texas Optometric Association and the AOA. Dr. Lucas is currently president and owner of First Eye Care Killeen in Killeen, Texas.



### Robert C. Sparrenberger, O.D. Virginia Optometric Association

Dr. Sparrenberger is a 2006 graduate from the Indiana University School of Optometry. He is an active member of both the Virginia Optometric Association and the AOA. Currently, Dr. Sparrenberger is in private practice at Northern Virginia Doctors of Optometry, in Reston, Va.



### Robert N. Christen, II, O.D. West Virginia Optometric Association InfantSEE® provider

Dr. Christen is a 2003 graduate from the Southern College of Optometry. He is an active member of both the West Virginia Optometric Association (WVOA) and the AOA. Dr. Christen currently serves as a trustee on the WVOA executive board. Dr. Christen owns two practices, Sistersville Eye Care Center, Inc. and The Eye Care Center of Monroe County.



### Amber Dentz, O.D. Wisconsin Optometric Association InfantSEE® provider

Dr. Dentz is a 2001 graduate from the Indiana University School of Optometry. She is an active member of both the Wisconsin Optometric Association (WOA) and the AOA. Currently, Dr. Dentz is the president of the WOA's Kettle Moraine Optometric Society.



**Immediate Past President Joe Ellis, O.D., presents the AOA Young Optometrist of the Year Award to Laura Windsor, O.D., at Optometry's Meeting® in Salt Lake City last month.**

## Brockovich inspires with story of perseverance and success



Erin Brockovich, who gained fame from the film with the same name, shared her story with Optometry's Meeting® attendees at the Opening General Session sponsored by Essilor. The film turned the unknown legal researcher into a 20th-century icon by showcasing how her dogged persistence was the impelling force behind the largest medical settlement lawsuit in history. Brockovich said she believes in justice "and a good pair of stiletto heels." Brockovich's life did not always appear to be headed in a good direction. In high school she was named "Most Likely Not to Succeed." She said she had to push herself to "think and work out of the so-called box." Brockovich continues to fight for the underdog, including the families she helped more than 20 years ago. "We won a battle, but not a war."

For more Optometry's Meeting® coverage, visit <http://newsfromaoa.org>.

## EyeLearn™,

from page 1

EyeLearn™ was officially launched during the first week of June with content on vision rehabilitation, the optic nerve and glaucoma, systemic health, and pediatric optometry (including binocular vision and vision therapy).

"EyeLearn™ will now offer content on all subject areas covered on the American Board of Optometry (ABO) certification examination," Dr. Quinn said. "We made it a priority to launch this new online learning resource by spring so it would be available for practitioners who are pursuing ABO certification.

Optometrists seeking board certification should be able to very adequately prepare by taking a classroom course at an optometric meeting and then supplementing that course with EyeLearn™ online learning resources on subjects of particular interest."

"EyeLearn's™ online educational resources will not be limited to certification exam topics. They will cover a full range of subjects relevant to optometry," Dr. Quinn emphasized.

The coming months will also see new EyeLearn™ resources introduced on clinical studies, practice management, industry advancements, regulatory compliance, and advocacy-related issues, he said.

EyeLearn™ is designed to be user-friendly, Dr. Quinn emphasized. The Web portal's home page provides links to:

- ❖ CE Finder – a comprehensive, searchable database of continuing education courses offered by the AOA, state optometric associations, and regional optometric councils
- ❖ A catalog of online education offered through EyeLearn™
- ❖ Board review courses
- ❖ Board certification assessment tests (initially covering vision rehabilitation, glaucoma, pediatrics and systemic health)
- ❖ An interactive poll
- ❖ "My Courses" – a spe-

cial, personalized learning page summarizing all courses the EyeLearn™ user has taken – or is taking – through EyeLearn™

- ❖ AOA Optometric Clinical Practice Guidelines (in searchable PDFs), and

❖ Selected articles from *Optometry: Journal of the American Optometric Association*.

The course catalog page lists more than 100 e-learning, video, audio and transcribed educational resources.

Course content is organized alphabetically and can be searched by keyword search or by using a topic taxonomy.

"Designed to provide a 'personalized learning environment,' the My Courses page not only makes it easy

for practitioners to keep track of the courses they have taken through EyeLearn™, it helps them work ongoing professional education into their busy schedules," Dr. Quinn

*See EyeLearn™, page 18*

*Wells Fargo Practice Finance*

## We're here to help you take the next step



Whether you're starting, acquiring, or expanding a practice, Wells Fargo Practice Finance can help. With more than 20 years of healthcare experience, we understand the business of running an optometric practice and provide the resources and support you need to achieve your goals.

Let's talk about how we can support you. Contact your financing specialist at **1-877-207-5395** or visit us at [wellsfargo.com/welcometotheoptometrist](http://wellsfargo.com/welcometotheoptometrist) to request your free Practice Success Planner.



*Wells Fargo Practice Finance is the only practice lender recommended by the American Optometric Association.*



American Optometric Association  
Member Advantage

All practice financing is subject to credit approval.  
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Together we'll go far



## President,

from page 4

of good visual health. Ladies and gentlemen, we own 3-D. No one but optometry is going to take care of someone who experiences the 3-D's of 3-D – discomfort, dizziness and lack of depth. If you experience any of these problems – See an Optometrist.

Stay tuned – we are now talking to the Consumer Electronic Association about possible collaborations.

The School Readiness Summit: Focus on Vision was a huge success. What started as an idea a few years ago has turned in to a coalition of non-optometrists spending a day and a half together discussing the visual needs of children as it relates to being ready to learn. Ultimately a statement saying “comprehensive eye exams for school-aged children are a foundation for a coordinated and improved approach to addressing children’s vision and eye health issues and as a key element of ensuring school readiness in American children.” That statement was signed by groups such as the American Public Health Association and the American Federation of Teachers. This coalition has goals it created. Goals such as increasing the public awareness of the link between vision and learning. Goals such as encouraging eye exams prior to entering school. Listen closely: Eye exams—NOT screenings. We will be taking care of kids, rather than just identifying them and then having them slip through the cracks.

What a BEAUTIFUL time to continue my 20/20 Tour – visiting 20 optometry schools in 20 months. To

date, I've completed nine stops. On these visits I've worked to meet with three groups: the administration, faculty and, of course, the students. So why did I embark on this excellent adventure? It's about the value of membership—LIFE-LONG membership in OUR association. For several years we've been seeing a decline in the number of new graduates who transition their membership to the state and national affiliates upon gradu-

ation. We need to stop collecting 1,700 pieces of paper each spring from the new graduates and attempt to pass the paper along to the state he/she is moving to. We simply need to get with the times and allow our business practices to change so that our association can better accommodate the needs of our newest doctors...

This year we had a record number of students at the Congressional Advocacy Conference... 147! This is a

beginning in 2012 we will have the first-ever AOA Optometric Educator of the Year Award in the opening session at Optometry's Meeting®.

It's been a beautiful meeting! At this meeting we've been celebrating the anniversary of our inclusion in Medicare, a momentous occasion indeed, enabling us to help so many people over the years. But today we have the opportunity to help even more. We need to define the pedi-

take care of all of our patients' needs regardless of their age.

I look forward to the beautiful opportunities we have for the upcoming year. We will enhance the ability of our members to stay informed through the launch of an updated version of AOA Connect. We will be celebrating the 50th anniversary of the *AOA News*. And the AOA will continue to be an advocate for our profession and our patients. Already we've been recognized as the leading national voice on eye health as a member of the Diabetes Advocacy Alliance. The AOA has also had the honored role of being the provider of eye care for the VFW national meeting, the largest gathering of America's veterans. We will build on our success on the health care overhaul implementation meeting held last fall Denver and once again gather optometry's state and third-party experts in Washington, D.C., next April.

It's a beautiful day!

One hundred years ago people asked, “What good is the AOA?” as several states considered withdrawal of their affiliation. My answer to this is: “AOA is our future.”

As I've been “on tour” at the schools, I share Life's Little Instructions for Optometry. One lesson in particular is what I feel is the most important lesson of all. It's “Leave everything a little better than the way you found it.” Leave everything a little better than the way you found it—in life, in love and in work. I challenge each and every one of you in this House today to leave optometry a little better than the way you found it. If each of us lives that lesson, we will continue to accomplish great things for our profession and more importantly our patients.

It is truly a BEAUTIFUL day to be an optometrist.

THANK YOU!

*Dori Carlson, O.D.*

Dori Carlson, O.D.  
AOA president

*We are a family, an optometry family, and no one else cares if we thrive or succeed. We need to take care of our family, and belonging to the one organization whose sole purpose is to advocate for the profession of optometry and our patients is a start.*

ation. We need to reverse this trend, and this tour is one of several ways to do just that. I bring a message to our schools about the importance of belonging. We are a family, an optometry family, and no one else cares if we thrive or succeed. We need to take care of our family, and belonging to the one organization whose sole purpose is to advocate for the profession of optometry and our patients is a start.

We need to make it easier for our new graduates to transition their membership. They don't want to fill out a piece of paper and mail or fax it in to an office with a check. They want to go online to a centralized database and billing system where they can fill in their information, give their credit card number, chose how often they want it

group that wants to be involved, and I hope my tour had some small part in increasing those numbers.

We need to work more with the faculty at the schools. I don't think we've always done a good job with this. As a student I had faculty members who were a huge influence on me and gave me confidence in my abilities as a doctor. One of these faculty members took me aside and made sure I met leadership of the AOA when they came to my school. He stressed to me it was important to be involved in our profession. I took his words to heart, and I'm glad I did! It's meant so much to my life and that of my patients. It's time we recognize these educators for their efforts. I take great pleasure in announcing today that

atrial vision benefit in health care reform as an eye exam. With all the resources we have available to us today in the U.S. there is no reason amblyopia exists. If we're really serious about helping kids and giving them every opportunity to succeed in life we'll see them as infants. We'll see them as 3-year-olds. We'll see them before they enter school and catch the developmental vision problems BEFORE there's a problem. Our kids deserve nothing less. Defining the pediatric vision benefit as an exam (not a screening) would enable 11 million children to be taken care of that weren't taken care of before. And, let us not forget the big picture. It's more than just seeing children; it's about the impact on them for the rest of their life. I see far too many people in their seventies and eighties with developmental vision problems and now they're dealing with aging eye diseases like glaucoma and macular degeneration and it always seem to happen in the “GOOD EYE.” It's about the continuum of care of our patients that starts in the first year of life. There is no better profession than optometry to



<http://dori20-20tour.org/>

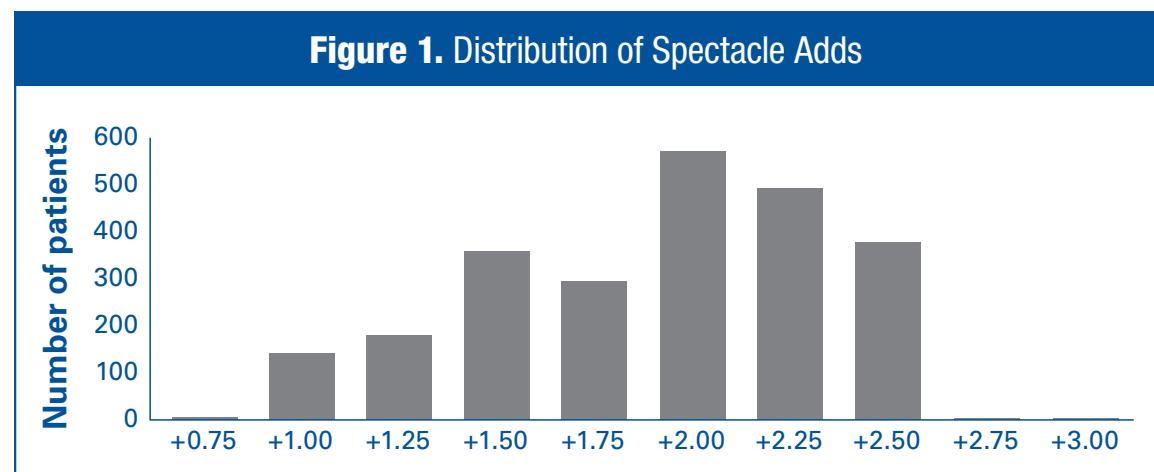
# Success with AIR OPTIX® AQUA MULTIFOCAL Contact Lenses—The Influence of Spectacle Add

By Joseph Rappon, OD, MS, FAAO

**A**IR OPTIX® AQUA MULTIFOCAL contact lenses are available in three different ADD powers that provide clear vision at different stages of presbyopia.

The LO ADD lens, designed for emerging presbyopes, has the right amount of ADD to optimize near and intermediate vision without compromising distance vision. The lens is designed to successfully fit emerging presbyopes sooner by providing a subtle transition out of distance-only lenses. As presbyopia further progresses and patients need more near vision correction, the MED ADD and HI ADD lenses gradually introduce more correction for near vision to smoothly transition patients through the different stages of presbyopia so they can stay in contact lenses longer.

Certainly, the “conventional wisdom” regarding success in fitting presbyopes with contact lenses has been that the higher the required spectacle add, the lower the success rate with contact lenses. We recently completed a survey of over 200 eye care practitioners who each fit at least nine patients with the AIR OPTIX® AQUA MULTIFOCAL contact lens.<sup>1</sup> A total of over 2,000 fittings were represented in the survey.



As this group of eye care practitioners was new to the AIR OPTIX® AQUA MULTIFOCAL contact lens, they rather naturally gravitated to fitting a group of challenging patients. Figure 1 shows the distribution of the spectacle adds, where one can see that a high proportion of the patients fit were in the higher range of spectacle adds—nearly 60% required spectacle adds of +2.00 or greater.

Prior to evaluating AIR OPTIX® AQUA MULTIFOCAL contact lenses, participants estimated their overall success rate with multifocal lenses, in general, to be about 65%. Overall, the reported success rate was 76%. This is excellent, considering nearly two-thirds of the patients were advanced presbyopes. Subsequent analysis that stratified the success rates by required spectacle add has shown that although the highest add range yielded a somewhat lower success rate, it

was fairly consistent across the entire range. See Table 2.

Table 2. Success Rates				
Spectacle Add	0.75 to 1.00	1.25 to 1.50	1.75 to 2.00	2.25 to 2.50
% Success	76%	79%	79%	72%

With three available ADD choices, AIR OPTIX® AQUA MULTIFOCAL contact lenses are capable of delivering success across the range of presbyopia. Eye care practitioners should find this helpful and encouraging, as this allows them to manage presbyopic contact lens patients, regardless of spectacle add requirements.

Dr. Rappon is a Manager of Clinical Research at CIBA VISION® and was the lead clinician on the AIR OPTIX® AQUA MULTIFOCAL contact lens development team.



# RevolutionEHR receives complete EHR certification

**M**adison, Wis.-based Health Innovation Technologies, Inc., the nation's largest provider of Web-based practice management and electronic health record (EHR) systems for the optometric community, announced on June 15, 2011 that its RevolutionEHR version 5.3.0 online EHR system is 2011/2012 compliant and certified as a complete EHR by the Certification Commission for Health Information Technology (CCHIT®), an ONC-ATCB, in accordance with the applicable certification criteria adopted by the Secretary of Health & Human Services.

The 2011/2012 criteria support the Stage 1 meaningful use measures required to qualify eligible providers and hospitals for funding under the American Recovery and

Reinvestment Act (ARRA). Health Innovation Technologies believes its online EHR system represents the fastest and easiest way for optometrists to implement certified electronic records, meet federal meaningful use standards, and qualify for payments under the government's EHR incentive program, according to Scott Jens, O.D., company chief executive officer.

"Web-based EHR systems are simple to implement and access," Dr. Jens said. "The practitioner accesses the system using a standard Web browser from any type of computer whether Mac or PC, with no software installation or updates ever required on the user end. All updates are handled centrally by the system host."

As a result, all current

RevolutionEHR clients had access to a complete certified EHR system within days of last month's announcement, Dr. Jens said. All new cus-

EHR Modules meet one or more – but not all – of the criteria approved by the Secretary of Health & Human Services (HHS) for either eli-

so that companies are now able to offer these products to providers who wish to purchase and implement certified EHR technology and achieve meaningful use in time for the 2011-2012 incentives," said Karen M. Bell, M.D., chair, CCHIT.

RevolutionEHR version 5.3.0's certification number is CC-1112-501110-3. ONC-ATCB 2011/2012 certification conferred by CCHIT does not represent an endorsement of the certified EHR technology by the HHS nor does it guarantee the receipt of incentive payments.

The clinical quality measures to which RevolutionEHR has been certified include: NQF 0013; NQF 0024; NQF 0028; NQF 0038; NQF 0041; NQF 0086; NQF 0088; NQF 0089; and NQF 0421.

The additional software RevolutionEHR relied upon to demonstrate compliance includes RxNT.

For more information or to receive a free online demo of RevolutionEHR, visit [www.revolutionehr.com](http://www.revolutionehr.com) or contact Cindy Braden, RevolutionEHR director of sales and marketing, at 866-261-0688.

*"We're pleased to have led the way in certification for Web-based optometry EHRs, having started our process with EHR Module certification last November."*

tomers will immediately be provided a fully certified, complete EHR system.

"We're pleased to have led the way in certification for Web-based optometry EHRs, having started our process with EHR Module certification last November," Dr. Jens said. "We are committed to not only to providing our customers EHRs certified for the ARRA HITECH incentive programs, but assisting them in becoming Meaningful EHR Users through a special educational process that will start in July."

The ONC-ATCB 2011/2012 certification program tests and certifies that Complete EHRs meet all of the 2011/2012 criteria and that

gible provider or hospital technology.

Dr. Jens also emphasized that RevolutionEHR offers a complete Web-based practice management system, as well as an electronic health record system, for the optometric community.

"RevolutionEHR recognizes optometrists are not in the business of record keeping, accounting, and maintaining complex IT systems. Rather, they are in the business of patient care. RevolutionEHR is an online solution that provides optometrists the freedom to focus on patient care," Dr. Jens said.

"CCHIT is pleased to be testing and certifying products

## EyeLearn™, from page 15

said. "Should a practitioner begin an online course and then log out before completing it, a Quick Launch feature will allow the practitioner to re-enter the program and begin where the practitioner left off," Dr. Quinn said.

The CE Finder page lists for-credit courses in more than 30 states (searchable by ZIP code, city, state or by topic area) with courses in additional states added constantly, Dr. Quinn said.

A "Quick View" feature allows portal users to quickly

view course details by "hoving" the cursor over the course title, Dr. Quinn said.

Practitioners can then register for courses using links provided on the page.

A "Calendar Download" feature allows practitioners to then automatically add courses to their online calendars.

EyeLearn™ is offered to optometrists exclusively as a benefit of membership in the AOA. AOA members can access EyeLearn™ on the AOA Web site at [www.aoa.org/eyelearn](http://www.aoa.org/eyelearn).

## EyeLearn™ subject areas

- ❖ Ametropia/ophthalmic optics
- ❖ Pediatrics/binocular vision/vision therapy
- ❖ Contact lenses
- ❖ Anterior segment
- ❖ Pre- and post-operative care
- ❖ Posterior segment
- ❖ Optic nerve/glaucoma
- ❖ Neuro-ophthalmic disorders
- ❖ Vision rehabilitation
- ❖ Systemic health

## e-Rx, from page 8

In some cases, health care practitioners who do not prescribe pharmaceuticals or who are unable to prescribe electronically can avoid penalties by claiming "hardship exemptions," according to the U.S. Centers for Medicare & Medicaid Services (CMS). The agency last month proposed several new exemptions, including some specifically advocated by AOA. The AOA Advocacy Group will provide detailed information on those exemptions, when finalized, in a future edition of AOA News.

Virtually all e-prescribing in the country is accomplished through the SureScripts network, the nation's consolidated e-prescribing system (<http://surescripts.com/>).

The network can be accessed using any EHR certified for use in the Medicare Electronic Health Records Incentive Program or many stand-alone e-prescribing software programs. Practitioners can find a list of 44 stand-alone e-prescribing software programs, certified for use with the Surescripts

network, on the network's Web site ([www.surescripts.com/connecttosurescripts](http://www.surescripts.com/connecttosurescripts)).

The National e-Prescribing Patient Safety Initiative (NEPSI) – a private-sector coalition formed to reduce medical errors – makes secure, easy-to-use e-prescribing software available to all physicians and medication prescribers in America free-of-charge.

The organization's Allscripts™ ePrescribe Basic software is fully certified for use in accessing the Surescripts network. Practitioners can register to obtain the free software on the NEPSI Web site ([www.nationalerx.com](http://www.nationalerx.com)).

Additional e-prescribing resources, including an interactive Electronic Prescribing Readiness Assessment and information on NEPSI software, can be found under the "ePrescribing" tab on the AOA Web site's Electronic Health Records page ([www.aoa.org/EHR](http://www.aoa.org/EHR)).

# EMRlogic stresses highly integrated system

Vancouver, B.C.-based EMRlogic Systems has announced its activEHR™ 2011.1 software received the federal government's "meaningful use" stamp of approval by earning "Complete EHR Ambulatory" certification.

Tested and certified under the Drummond Group's Electronic Health Records Office of the National Coordinator Authorized Testing and Certification Body (ONC-ATCB) program, the EHR software is 2011/2012 compliant in accordance with the criteria adopted by the Secretary of Health and Human Services.

The designation officially deems the electronic health record (EHR) software capa-

ble of enabling providers to qualify for funding under the American Recovery and Reinvestment Act (ARRA).

activEHR™ 2011.1 is a fully-integrated software solution for eye care practices, designed not only to allow practitioners to meet the government's EHR meaningful use standards in clinical care – and thereby qualify for the ARRA incentive program – but also to improve practice management, according to Alistair Jackson, EMRlogic vice president of sales and marketing.

"activEHR™ eliminates tedious data entry and time spent needlessly focusing on computer screens instead of on patients," Jackson said. Action Manager, a "modern

adaptive workflow engine" incorporated into the activEHR™ program, streamlines every step of practice

adopted long term," Jackson said. EHR utilization should not come "at the cost of profitability to the practice."

*"activEHR™ eliminates tedious data entry and time spent needlessly focusing on computer screens instead of on patients."*

workflow and record-keeping from scheduling appointments and building electronic medical records to submitting insurance claims and generating referral letters, Jackson said.

"An EHR program must add value to the doctor's practice if it is to be widely

To facilitate interconnectivity with other EHR systems, EMRlogic has based activEHR™ on InterSystems' Ensemble, "health care's gold standard connected-care platform," Jackson said.

activEHR™ also offers the eye care EHR industry's only internal Web browser and a unique integration of

Kowa's image management and drawing software, noted Ian Lane, O.D., the executive vice president of technology for Kowa Optimed, one of Japan's largest, privately-held companies which holds distribution rights for the software program.

The software is Windows OS-based and utilizes the DrFirst Rcopia system for integrated e-prescribing.

Founded in 1988, EMRlogic, a privately held company with a total staff of approximately 45 in Canada and the U.S., is dedicated exclusively to eye care professionals.

For additional information, see the EMRlogic Web site ([www.emrlogic.com](http://www.emrlogic.com)) or Kowa Optimed Web site ([www.kowa-usa.com](http://www.kowa-usa.com)).

## Medflow offers certified office- or Web-based EHRs

Medflow Electronic Health Records (EHR), Version 7.6, for eye care practices has received ONC-ATCB Certification from Drummond Group, Inc. – deeming the EHR software capable of enabling providers to meet the Stage 1 meaningful use measures required to qualify for funding under the American Recovery and Reinvestment Act (ARRA).

Tested and certified under Drummond Group's Electronic Health Records Office of the National Coordinator Authorized Testing and Certification Body (ONC-ATCB) program, the EHR software is 2011/2012 compliant in accordance with the criteria adopted by the Secretary of Health & Human Services.

The Medflow system has been certified as a complete EHR product that provides practitioners the ability to meet all 25 of the meaningful use objectives established under Stage 1 of the ARRA incentive program.

Medflow EHR software provides "intuitive eye care-specific patient care tools that support electronic orders and results, point of care documentation and instant access to critical patient information," said D. James Raggi, company president and chief executive officer.

The certified EHR can be combined with the MD Navigator Practice Management program, Professional and Institutional Claims Processing service, and customer support offered by Medflow-affiliate Foxfire Systems Group to provide "a single source solution with a comprehensive and intuitive financial management system, patient and resource scheduling, optical inventory with integration to DVI Rx Wizard, and a cutting-edge certified EHR, claims processing clearinghouse, implementation and training, and top-quality support," said Korry Petterson, Foxfire president. "As such, only one call needs to be made for support on any of our products."

The EHR system can be hosted locally on a practice computer system server or can be hosted on Medflow's servers and accessed via the Internet.

Requests for system support are handled by an extensive staff of information technology professionals, software technicians, certified trainers, programmers, hardware technicians and sales professionals, the company said.

Medflow has been named a preferred vendor for the National EYEPA Coalition, an organization of 27 eye care-related independent professional associations (IPAs) representing approximately 4,500 optometrists and 300 ophthalmologists.

Charlotte, N.C.-based Medflow, Inc. is a privately held company established in 1999 to develop electronic health records software solely for eye care practitioners.

Medflow, Inc. can be reached at 704-927-9800 or by visiting [www.medflow.com](http://www.medflow.com).

## Roster of certified EHRs continues to grow

The following electronic health records (EHR) systems, developed specifically for optometric practices, have been certified for use in the Medicare EHR incentive program:

- ❖ Abeo Solutions, Crystal Practice Management software program
- ❖ Compulink Business Systems, Advantage EHR Version 10
- ❖ EMRlogic Systems, activEHR™ 2011.1
- ❖ Eyefinity/OfficeMate, ExamWRITER Version 10
- ❖ First Insight Corporation, MaximEyes® SQL Electronic Health Records Version 1.1.0
- ❖ Health Innovation Technologies, RevolutionEHR Version 5.1.0
- ❖ Medflow Electronic Health Records (EHR) Version 7.6
- ❖ QuikEyes Ocular Medical Records Version 11.0

At least one additional optometric EHR provider – Practice Director Software – plans to have a product tested for certification this year.

Additional information on the federal EHR incentive program can be found on the AOA Web site EHR page ([www.aoa.org/EHR](http://www.aoa.org/EHR)).



## Comedians entertain crowd at Presidential Celebration



The Presidential Celebration, sponsored by HOYA, at Optometry's Meeting® in Salt Lake City featured stand-up comedians Wayne Brady and Kathleen Madigan.

Madigan is shown at top left. Madigan joked that her parents' generation makes weird connections with technology. "How did the printer break? I don't know, but it happened the same day the dishwasher was repaired."

Brady's act, shown bottom left, included audience participation. American Optometric Student Association President Ryan Corte, second from right, performs as a "balancing oak."

Brady asked the audience for an evil stepmother's catchphrase. The response: "I'm an ophthalmologist."



**Optometry: Journal of the American Optometric Association** Editor Paul Freeman, O.D., left, presents Murray Fingeret, O.D., with the Editor's Commendation for the most downloaded paper on the journal's Web site ([www.optometryjaoa.com](http://www.optometryjaoa.com)). Dr. Fingeret and Felipe A. Medeiros, M.D., Remo Susanna Jr., M.D., and Robert N. Weinreb, M.D., co-authored "Five rules to evaluate the optic disc and retinal nerve fiber layer for glaucoma." The award, co-sponsored by Elsevier, includes a \$1,500 travel stipend.

## ABO, from page 6

renewed unity within optometry."

Dr. Carlson noted that reports by optometrists who took the first exam found it "challenging, but fair."

"We've heard from many doctors that the test preparation was extremely rewarding, and helped them find areas in which they could benefit from additional education. This will always lead to improved patient care," Dr. Carlson said. "While the validation of groups like NQF is important, it is the response by optometrists that is most important to the future of the profession and the patients whom we serve. We're pleased that our member doctors now have a credible means of board certification and maintenance of certification available to them, and appreciate the work of the ABO to make this possible."

Dr. Carlson also noted last month's launch of EyeLearn™, a new tool to help AOA members prepare for the ABO examination. EyeLearn™, at [www.aoa.org/eyelearn](http://www.aoa.org/eyelearn), allows members to

take assessment tests to plan out their study priorities, find continuing education (CE) programs at state affiliate education meetings, and review key topics with online learning organized by ABO test subject areas.

Many more online learn-

ing tools beyond ABO test preparation are also available, including *Optometry: Journal of the AOA* articles, the AOA Optometric Clinical Practice Guidelines and content from CE at Optometry's Meeting® (see the May 2011 *AOA News*).



A facepainter at Optometry's Meeting® Welcome Reception, sponsored by Bausch + Lomb, turns a young attendee into a penguin.

## Great moves are rarely coincidental.



### AOA Practice Transitions:

Take the fear out of the buying and selling process

This comprehensive one-day program addresses the fundamental steps to successfully buying or selling an optometric practice – steps you'll definitely want to fully understand before you venture down this road.

**Sunday, October 9, 2011  
Great Western Council of Optometry  
Portland, OR**

To register or learn more, log onto [www.AOA.org/PracticeTransitions](http://www.AOA.org/PracticeTransitions)

Patti Kinder – 314.983.4152  
[pkinder@aoa.org](mailto:pkinder@aoa.org)



# Is Your Malpractice Insurance Leaving You Uncovered?



**G**etting caught in the rain is no picnic. But discovering your malpractice insurance doesn't cover you as thought can be devastating to your finances and even to your career. It's easy to think you'll never be sued. But not even the most competent and reputable O.D. is immune from a malpractice suit being made against him.

The best defense is your malpractice insurance. And the best you can get is the **AOA Insurance Alliance**. With the AOA Insurance Alliance you are afforded full scope of practice coverage in your state of practice today, and as your practice grows. Not all malpractice programs can say that. What about yours?

**Get the coverage you can count on when it matters most.** If your malpractice insurance renews soon visit our enrollment center to get a quote and secure your coverage.

## Your Trusted Choice...

Full scope of practice coverage in your state, including procedures such as removal of foreign bodies

Optometrist involvement on insurance carrier committees

Insurance carrier devoted exclusively to covering and defending medical malpractice

Consistent and fairly established insurance premiums

Meets insurance requirements for major national chains and retailers

Business owners insurance is available, too



**AOA Insurance Alliance**



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Scan this code with the QR Reader on your smart-phone to learn more.



To speak with a program representative regarding malpractice coverage or business owners insurance for your practice call (888) 343-1998. Coverage endorsed by AOA now and previously are both written on an occurrence basis; therefore, members should have no concerns about inadvertent coverage gaps caused solely by switching carriers.

Program underwriter varies by state and is either PACO Assurance Company, Inc. (A- Excellent rating by A.M. Best), ProAssurance Indemnity Company, Inc., or PICA (A Excellent rating by A.M. Best). The AOA Insurance Alliance is administered by Lockton Risk Services.

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Reference: 1. Lemp, J., Garafolo, R., Napier, L., Stein, J., Lally, J. Clinical Assessment of an Investigational Multi-Purpose Disinfecting Solution. Poster accepted for presentation at: AOA, June 18, 2011, Salt Lake City, UT.

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# today's contact lens wearers insertion to removal.<sup>1</sup>



Introducing OPTI-FREE® PureMoist® Multi-Purpose Disinfecting Solution with HydraGlyde® Moisture Matrix, a breakthrough wetting technology engineered to hydrate today's advanced lenses all day. **After all, shouldn't their contacts last as long as they do?**



**More moisture by design™**



## OPTOMETRY CARES®

# Optometry Cares® raises funds, friends at Optometry's Meeting®

Optometry Cares® reinforced its new name with Optometry's Meeting® attendees by posing the question, "What does Optometry Care about?"

Attendees from across the country chimed in, and posted their answers to the map at the booth.

Nova Southeast University College of Optometry student Pavel Gazdovich answered, "Being a diligent and passionate optometrist."

Washington state practitioner Paul Williams, O.D., answered, "Patient access to optometric service and awareness of our services."

Michigan optometrist Mark Swan, O.D., offered, "A unified profession dedicated to serving the vision care needs of all people."

More than \$36,000 was raised through donations and industry sponsorships. More than \$10,000 was raised through the registration process online and on-site.

Every dollar raised in the booth at the donation kiosk, generously provided by Essilor, was matched by The Vision Council.

Visits (with coupon) to Transitions Optical's booth raised \$10 per OD for the foundation.

Funds were also raised through ticket sales at Thursday night's reception immediately following the Varilux® Optometry Student Bowl™ XX featuring Optometry Cares® and Optometry's Got Talent.

The dunk tank, generously supported by Alcon, made a splash at the event.

Schools and colleges of optometry deans and presidents and industry professionals generously donated their time, dry clothes and pride as targets for the dunk tank.

Students and faculty together raised funds as they took aim at each participant.

"We are so pleased by the enthusiasm and generosity of the optometrists, students



**Pacific University students, from left, Laura Armstrong and Nanette Curtis pin their response to the map.**

and friends who attended the reception," said Martha Rosemore Morrow, O.D., president of Optometry Cares®. "It was a great evening and none of it would have been possible without the generous support of

Essilor."

Optometry's Got Talent made a repeat appearance at the event.

AOA trustees and other optometric dignitaries lent their voices to the cause.

American Idol hopeful Angel Husher, a third-year student at University of Missouri-St. Louis College of Optometry, thrilled the audience with a performance of Etta James' "At Last."

An additional donation secured a request for Husher to give an encore performance.

Students from The Ohio State University College of Optometry, Illinois College of Optometry, University of Missouri-St. Louis College of Optometry and Nova

Southeastern College of Optometry also took the stage in support of Optometry Cares®.

"Essilor is proud of our partnership with Optometry Cares® as part of our long term commitment to the profession of Optometry," said Danne Ventura, director, Professional Relations, Essilor of America. "We are thrilled that Optometry Cares® was able to participate with us at the 20th Annual Varilux® Optometry Student Bowl™."

AOA members who were not able to attend the event are encouraged to show their support of Optometry Cares®.

Online donations can be made anytime by logging on to [www.aoafoundation.org](http://www.aoafoundation.org).

## A professional step forward



In the mid-1970s optometry made a significant statement about the scope of optometric care. Prior to this, optometrists had focused on procedures and materials, but a shift occurred in 1974 with the publication of Current Optometric Information and Terminology (COIT). The AOA developed the concept that professional optometric care is the diagnosis and treatment of conditions of the vision process. At more than 100 pages, COIT was an ambitious attempt to list all of the conditions examined, diagnosed and treated by optometrists. It would prove useful in peer review and negotiations for optometric care in third-party payment plans. The photo shows the editors of the first edition, Drs. Ball, Kahn, Eskridge, Greenstein, Borish, AOA staffer Alice Martin, Milkie, Miller, McCrary, and Hunter, conferring at the St. Louis office. From the collection of The Archives & Museum, Optometry Cares® – The AOA Foundation.

## North Carolina VISION USA patient expresses gratitude

Sir or Mrs.

You helped me with eye exam for my glasses. I want to thank you very much for helping me as I couldn't afford to have got my glasses & I was getting so I couldn't see.

I got my glasses yesterday and can see so much better and thank God for people like you all.

God Bless and thank you so much.  
Marie S.



The AOSA Awards and General Session (sponsored by HOYA) keynote speaker Jason Ryan Dorsey, aka "The Gen Y Guy," presents his humorous perspective.



Linda Casser, O.D., dean at the Pennsylvania College of Optometry, prepares to get dunked at the Optometry Cares® joint reception with Essilor. Dr. Casser's support for Optometry Cares® didn't stop at getting dunked, she was also the head judge at the Varilux® Optometry Student Bowl™ XX, and she sang a Sonny & Cher tune on karaoke.

## VOSH helps 30k in Haiti

More than 30,000 residents of Haiti, the most economically disadvantaged nation in the Western Hemisphere, received eye and vision care through Volunteers in Optometric Service to Humanity (VOSH) – International over the past five years, according to the organization's 2010 annual report.

VOSH hopes to establish a permanent eye clinic in Cap Haitien this year, according to the report. VOSH has partnered with local eye surgeons to provide cataract and glaucoma surgery, which are very prevalent conditions in the Haitian population.

A permanent VOSH clinic in Nicaragua, another of the hemisphere's poorest nations, is now in its second year of service. Outreach teams from the clinic see an average of 250 patients per day at remote locations around the country, according to the report.

The VOSH International 2010 Annual Report can be accessed on the organization's Web site ([www.vosh.org](http://www.vosh.org)).

# AMA commits to renewed attacks on AOA-backed provider non-discrimination law

After being dealt another serious defeat on Capitol Hill by optometry, the leadership of the American Medical Association (AMA) has just announced that it will launch a renewed and more focused attack on the landmark AOA-backed federal provider non-discrimination law enacted in 2010 known as the "Harkin amendment."

During a meeting of the AMA House of Delegates last month in Chicago, the national medical lobby's governing body overwhelmingly approved a resolution calling for "repeal of the non-physician provider non-discrimination provision." The AMA claims to be doing so in order to "protect the primacy of the physician-patient relationship."

Through a full mobilization of its advocacy resources, the AOA has turned back similar AMA-led declarations and schemes opposing the hard-won non-discrimination safeguards that seek to assure full recognition of optometrists by health plans.

In the face of this latest attack, AOA leaders are standing firm.

"The AOA rallied as never before to become a force in the Washington, D.C., battle over health care, and now we are firmly committed to working even harder to ensure that the new federal patient access/provider non-discrimination law and other pro-access, pro-patient provisions are implemented exactly as they were intended," said AOA President Dori Carlson, O.D.

"The simple fact is that whether anti-optometry groups like it or not, millions more Americans will gain access to their local doctors of

optometry because the new federal law we fought for will target the discriminatory practices of health plans," added Dr. Carlson. "But, if we have to take on and defeat organized medicine all over again on this issue, then so be it."

Other AMA documents shed light on their approach to repealing the Harkin amendment.

According to one, "AMA staff will continue to explore legislative opportunities to repeal this provision as health reform perfecting legislation is advanced."

*"The simple fact is that whether anti-optometry groups like it or not, millions more Americans will gain access to their local doctors of optometry because the new federal law we fought for will target the discriminatory practices of health plans."*

With many proposals being put forward on Capitol Hill to amend the new health care law, the AOA will have to continue to ensure that optometry is fully engaged in the legislative process and maintains a seat at the table when key health care policy decisions are being made in the nation's capital.

With an eye on Capitol Hill, the AOA is also closely monitoring the moves of the U.S. Department of Health & Human Services (HHS) as it works to implement the more than 2,000 pages of the new health reform law, including AOA-backed provisions.

The HHS has already begun issuing guidance materials on several sections of the new law, including preliminary regulations on how immediate reforms will apply to certain health plans.

As proposed provider non-discrimination implementation guidelines – as well as other regulations – are released, the AOA will continue fighting to ensure real-world implementation echoes the full intent of the law.

The AOA Advocacy Group also says that efforts to alter the non-discrimination law and other AOA-backed provisions will not be limited to Capitol Hill, and that is why a strong AOA regulatory presence will continue to be key.

The Non-Discrimination in Health Care provision – sponsored by Sen. Tom Harkin (D-Iowa) and other access to care leaders in Congress – will serve as the first-ever federal standard of provider non-discrimination. Starting in 2014, the new law will bar health insurers from discriminating in terms of plan coverage and participation against ODs and other providers.

Health insurance plans – including a number of large employer-sponsored programs organized under the Federal Employee Retirement Income Security Act (ERISA) as well as other types of health plans – in many instances have made it policy to summarily deny coverage for the services of qualified health care providers as a cost containment measure, the AOA Advocacy Group says.

Although supported by the AOA and ODs and optometry students as the centerpiece of optometry's proactive, pro-access and pro-patient federal advocacy agenda, the AOA-backed non-discrimination provision was opposed by organized medicine and the health insurance industry at each step of the nearly two-year battle in Washington, DC over health care.



**At the donor wall of Ferris State University's new Michigan College of Optometry Building during the dedication event are, from left, Ferris President David L. Eisler, Southern California College of Optometry President and former Michigan College of Optometry Dean Kevin L. Alexander, O.D., Ph.D., Michigan Optometric Association President Lillian Kalaczinski, O.D., then-AOA President Joe Ellis, O.D., former Michigan Optometric Association President and current AOA Trustee Barbara Horn, O.D., and MCO Dean Michael T. Cron, O.D.**

## Ellis speaks at MCO dedication

Two years after its groundbreaking, Ferris State University's new Michigan College of Optometry (MCO) building was formally dedicated on June 8 in a ceremony featuring past and present university officials, representatives of professional optometric organizations, and spokespersons for the project's design and construction firms. Then-AOA President Joe Ellis, O.D., provided keynote remarks.

"In the future, optometry will be on the frontline of health care," said Dr. Ellis. "The optometric education that this fine facility will accommodate will provide the structure to carry our optometric students into the

future."

The facility houses the University Eye Center, classrooms, pre-clinical practice spaces, faculty offices and research labs.

The center features easy, first-floor access to patient consultation and procedure rooms, as well as pediatric optometry and low vision rehabilitation environments, a full eyeglass and contact lens dispensary, and a wellness clinic operated in collaboration with Ferris' pharmacy and nursing programs.

The highlight of the building's instructional spaces is the Herbert H. and Grace A. Dow Interactive Eye Learning Center, innovatively designed as both a lecture and practice exam amphitheater.

University officials have stated that the high quality of the new facility and its enhanced resources are expected to draw exceptionally qualified faculty and students from around the nation and make the site a destination for continuing education events for vision care professionals.

Additionally, MCO administrators anticipate that the new ease of access to the University Eye Center and its improved exam and procedure spaces will increase patient encounters by 5,000 annually. The MCO also provides outreach care to underserved individuals.

For more information on MCO, visit [www.ferris.edu/mco](http://www.ferris.edu/mco).

## NSU Oklahoma College of Optometry to create new Walls Vision Center to specialize in low vision services

A new low vision center will serve as the cornerstone objective for Embrace the Vision, an initial comprehensive campaign for the Northeastern State University Oklahoma College of Optometry (NSUOCO).

The Lesley L. Walls Vision Center at NSU-Broken Arrow will operate as a premier resource and service facility to meet the needs of the elderly, veterans and other patients seeking to recover from decreased vision and function due to brain injury, retinal degeneration and other causes.

"Conceptualized as an adaptable, flexible-function, clinical center of excellence, the Walls Center will offer patient care and education and facilitate inter-departmental and inter-institutional collaboration for NSU and its sister institutions in eastern Oklahoma," said Leland Carr, O.D., professor and assistant dean of development at the Oklahoma College of Optometry.

Patients with low vision or oculomotor and visual perception impairment resulting from stroke, concussion and other brain injuries will be able to access interdisciplinary care through the clinic.

"A major goal is the provision of service to returning veterans with visual disorders resulting from military actions in the Middle East," said Dr. Carr.

A tribute recognizing the contributions of Lesley L. Walls, O.D., M.D., a former NSUOCO dean, to the college and profession, the Walls Center will offer services currently unavailable in the Tulsa metropolitan area.

"The naming of our new optometry clinical facility at NSUOCO after Dr. Walls could not be more fitting," said Douglas Penisten, O.D., dean

of the Oklahoma College of Optometry at NSU. "Dr. Walls has always been driven by the passion of providing patients access to the best in eye and vision care."

According to Dr. Carr, NSUOCO has dedicated 7,000 square feet for the clinic and has actively supported the optometry college in fundraising.

"This initiative is long overdue, and it seems a perfect way to honor the legacy of Dr. Les Walls," said Dr. Carr. "This is a man who has made a difference not only at our school, but at all schools in all states working tirelessly as a teacher, leader, role model and consultant."

Dr. Carr said he challenges practicing optometrists to take a minute to assess their scope, confidence and competence. "Do any of us think we would be where we are if it had not been for the dedication and service of Dr. Walls?" Dr. Carr asked. "He has earned this honor."

Dr. Carr said no one was surprised that, when approached with the idea, Dr. Walls and his wife Mary Ann made the first financial commitment to support the center.

"I've known Les for approximately 25 years, and there is no doubt he would be successful at anything he attempts," said John Pembroke, O.D., assistant professor at NSUOCO. "We are fortunate to have Les working on our team in addressing the many educational and political challenges which continually face optometry."

Dr. David Lewerenz, associate professor at NSUOCO, said local and state agencies have approached the college with requests to bring vision remediation education and care into Tulsa to enhance access to services. Dr. Lewerenz has



**Lesley Walls, O.D., M.D., left, and his wife Mary Ann review details for the newly announced vision center.**

accepted the tasks of detailing and designing the clinic. More than 90 percent of people with vision loss have usable vision, said Lewerenz, including more than 75 percent who are considered legally blind.

"This means their vision could be enhanced with specially designed glasses, magnification devices, illumination and contrast enhancing devices and electronic aids—basically the things we will be doing at this new clinic," said Dr. Lewerenz.

Low vision rehabilitation is supported by nearly every national and international organization concerned with eye and vision care, including the AOA, American Academy of Optometry and the American Academy of Ophthalmology.

For more information about the Lesley L. Walls Vision Center or to support its development, visit [www.nsuocogiving.com](http://www.nsuocogiving.com).



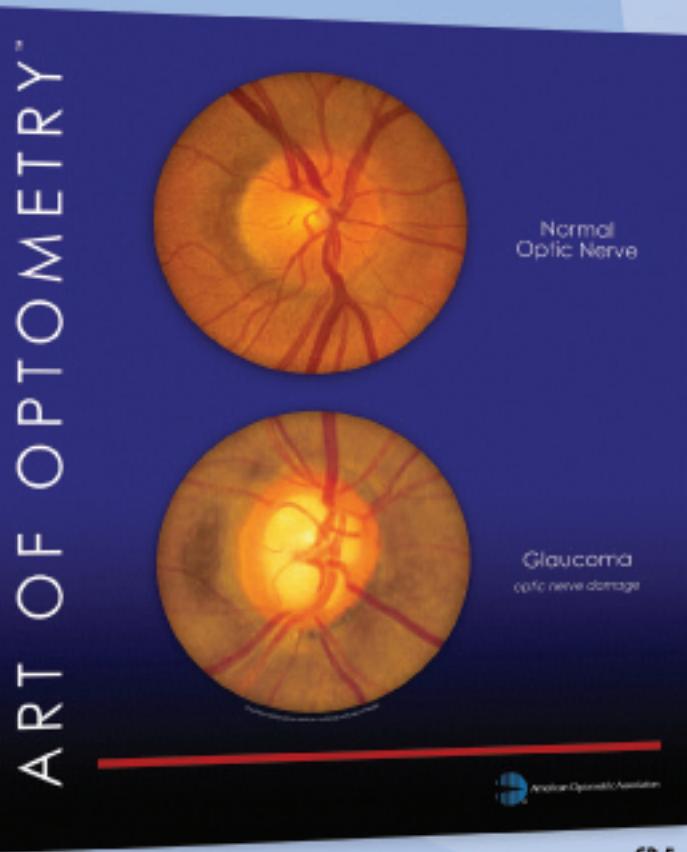
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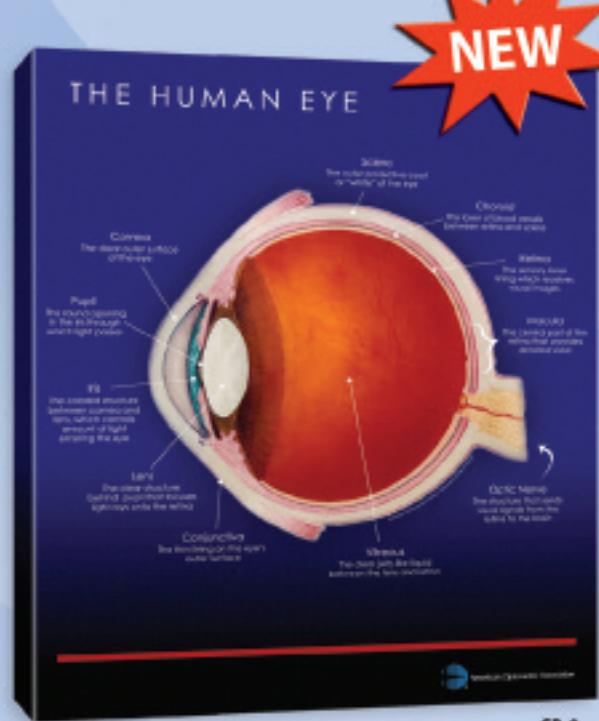
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## PRACTICE ADVANCEMENT

# AOA launches enhanced career site

Whether assisting professionals seeking a new position, buying a practice, or expanding their practice, Optometry's Career Center® (OCC) has been a valuable tool since its debut in 2003. In order to enhance its value and provide an even greater user experience, the AOA overhauled the OCC Web site last month ([www.OptometrysCareerCenter.org](http://www.OptometrysCareerCenter.org)).

With more than 4,000 registered employers and 15,000 registered job candidates, the OCC is the perfect single source of information to initiate rewarding optometric relationships. This national online career matching service is a no-cost benefit to AOA

members. The OCC allows potential employers to provide detailed information about their practice or open position. In turn, candidates can designate the types of opportunities they are seeking. Both parties can search the database for a wide variety of potential matches.

A redesigned look and feel, along with enhanced job search criteria, will allow for improved browsing; candidates will even be able to upload their resumes for easy distribution.

Employers will have the ability to e-mail candidates directly from the OCC, creating a log of e-mail communications. They will be able to set up tasks, reminders, and

calendar events associated with each candidate. With enhanced marketing opportunities, employers will be able to create a featured opportunity or be a featured provider through the use of their logo on the home page.

"I think the new OCC will really exceed the expectations of our users," said Geoffrey Goodfellow, O.D., member of the AOA Practice Advancement Committee. "The enhancements ultimately position Optometry's Career Center® to be the premier professional development resource for optometry."

Register today at [www.optometryscareercenter.org](http://www.optometryscareercenter.org). The OCC is sponsored by Marchon.



### AOA Webinar Series

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#### • Turning Web Site Traffic Into Patients

Learn best practices for optometry Web sites that help you turn more of your Web site visitors into patients. Presented by Jason Daniel, Director of Professional Advancement for EyeCarePro.net

Tuesday, July 19, 11 a.m. CDT & 8 p.m. CDT

#### • CPT & Documentation Guidelines

The Keys to Accurately Coding Office Visits  
Presented by Chuck Brownlow, O.D., AOA Medical Records Consultant

Part I: Tuesday, July 12, 11 a.m. CDT

Part I: Tuesday, July 26, 11 a.m. CDT

Part II: Tuesday, August 9, 11 a.m. CDT

Part II: Tuesday, August 23, 11 a.m. CDT

**Register Today!**

[www.aoa.org/WebinarSeries](http://www.aoa.org/WebinarSeries)

## AOA Member Advantage

### VisionWeb offers AOA members a complete electronic claim filing solution

Accepting and processing insurance claims plays such a big role in today's eye care practices that the need for an efficient, electronic solution for managing this side of the business is more important than ever. While many practices have embraced the electronic factor for claim filing, they are often choosing solutions that are significantly lacking in terms of efficiency. In fact, in a recent survey of VisionWeb members, 41 percent of respondents said they file claims through their payers' Web sites; with 54 percent of those claiming this was the easiest method available. These practices assume they are getting the full benefit of electronic claim filing, but what they don't realize is that visiting multiple sites not only wastes time, it is also much more difficult to manage. When choosing a solution, it's important to find one that is not just electronic, but is also comprehensive in its functionality and makes claim filing more efficient for the practice.

Using the Internet to file claims is infinitely more efficient than filing on paper, but visiting

multiple sites to manage insurance can neutralize the added benefits of filing electronically. The staff in a practice that relies on filing through multiple sites is burdened with the need to be familiar with each payer's Web site and its unique structure. Not only does this mean that they are responsible for remembering multiple usernames and passwords, but they will also have to be trained on how to use each payer site properly. Talk about a lot to keep up with!

In contrast, practices that use VisionWeb's electronic claim filing service have the ability to manage all of their commercial and government payers in one convenient, online location. By providing access to thousands of payers from one site, this suite of services provides a simple, yet comprehensive solution for managing the insurance side of the practice. There is no longer a need to visit multiple sites when checking eligibility, submitting and tracking claims, and managing electronic remittance advice. Claim filing through VisionWeb is also equipped with error-checking features and detailed reporting and analytics that

help reduce denials and result in faster reimbursements. You can even upload claims from a compatible practice management system without having to rekey claim information. It doesn't get easier than that!

Unlike other clearinghouses, VisionWeb only serves the eye care industry, so they have a unique understanding of insurance needs of today's busy eye care practice. As part of the AOA's Member Advantage team, VisionWeb is dedicated to providing complete electronic claim filing solutions that AOA members can rely on, at a cost that every practice can afford.

AOA members who enroll with VisionWeb as new customers will receive free enrollment and 15 percent off monthly fees – an instant savings of \$370! (Practices already filing claims with VisionWeb are eligible for the 15 percent monthly fee discount.) These offers are available exclusively to AOA members! Contact a VisionWeb enrollment consultant at 800-590-0873 or [sales@visionweb.com](mailto:sales@visionweb.com) to learn more and be sure to mention your AOA membership!

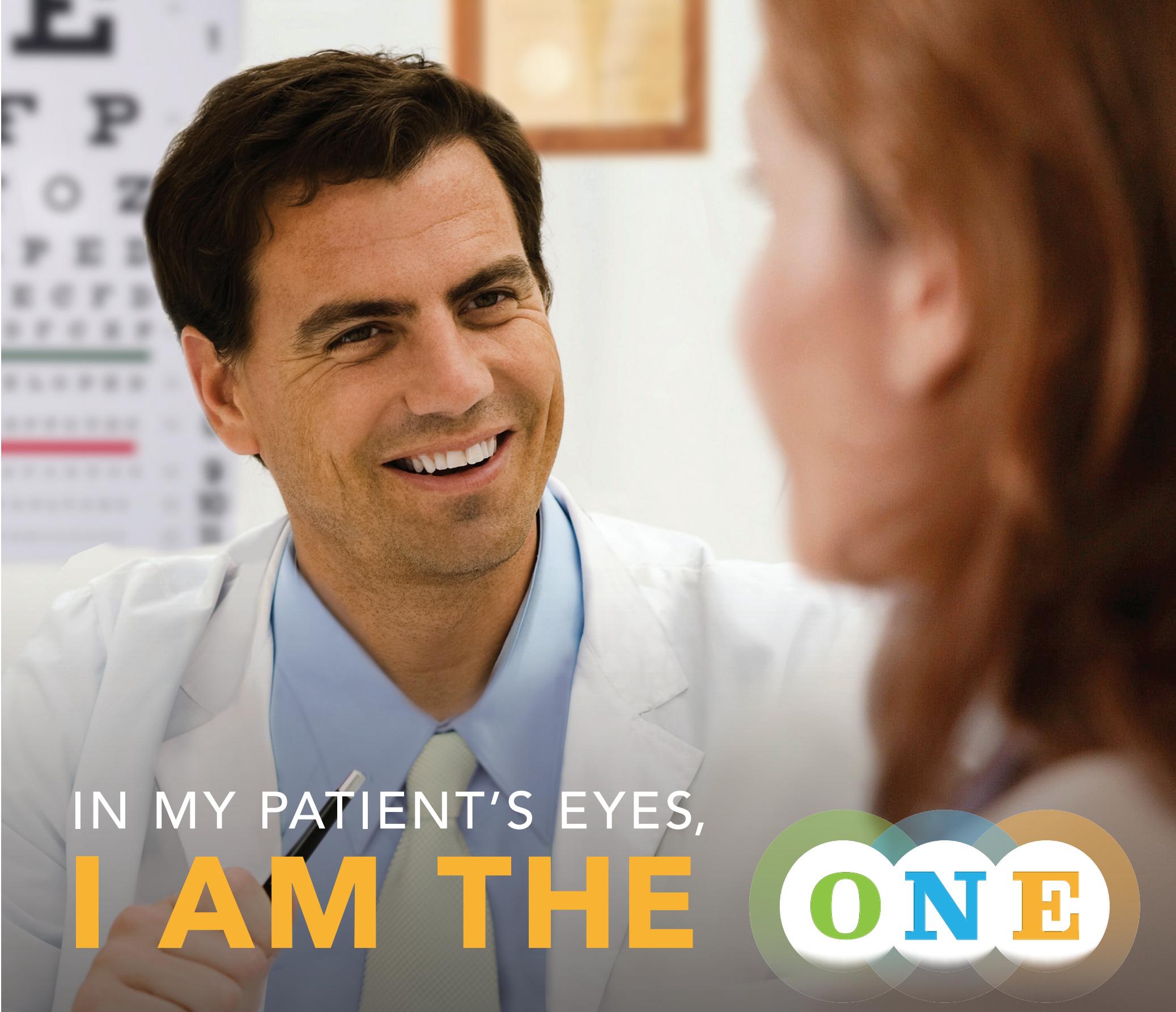


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## MEDICAL RECORDS & CODING

# 'Ask the Codeheads'

## Understanding Medicare's re-enrollment fee for DME suppliers and Medicare's requirements for signatures on charts

Edited by Chuck Brownlow,  
O.D., Medical Records  
consultant

**Question:** What's this about a \$505 fee that we have to pay in order to continue to supply post-op glasses to our cataract patients?

**Answer:** Several months ago, the Centers for Medicare & Medicaid Services (CMS) announced that all Medicare providers and suppliers

ness entity, has its own tax ID number, its own Type 2 "Entity" NPI, and has chosen to not enroll as a supplier for DMEPOS? Can the dispensary still supply the post-op glasses to Medicare patients?

**Answer:** Yes. Practitioners are qualified to write the order for the glasses and their dispensaries may supply the glasses, though the patient must agree to pay them

Medicare benefit and have the prescription filled elsewhere.

**Note:** In general, all services and materials are either "covered" by Medicare or "not covered." Post-operative glasses for cataract patients, one pair per eye, are normally considered to be covered. When the glasses are provided based on a prescription written by a physician who does not have a Medicare enrollment record in PECOS or by a supplier that is not enrolled in DMEPOS, the normally "covered" services and materials will be classified "not covered," and payment is the responsibility of the patient.

**Question:** I've always scribbled my initials at the bottom of each patient's record...is that still all right?

**Answer:** Short answer... probably not. Medicare and most other insurers follow the general rules for medical records that are found in Current Procedural Terminology (CPT® American Medical Association) and in the Documentation Guidelines for the Evaluation & Management Services, 1997. The Documentation Guidelines consider it critical that each record includes the "legible identity of the observer." Medicare and many other insurers require that the doctor responsible for the care of the patient affix a signature to each record. The signature may be written or it may be electronic, as in the case of electronic health care records, but it must be a signature. In any case, initials do not fulfill an insurer's requirement for "legible identity" or "signature," and in an audit, "No Signature" will probably mean "No Pay!"

**Note regarding electron-**

ic signatures:

There are several acceptable methods for "signing" an electronic chart, varying from one electronic

health record software to another. These may include

*See Codeheads, page 34*

## AOA Coding Resources

The following resources are available to AOA members through the AOA's Clinical & Practice Advancement Group:

- ❖ AOA.org/Coding features a "Frequently Asked Questions" section for members only, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.
- ❖ AskTheCodingExperts@AOA.org offers AOA members the opportunity to e-mail their coding question and have it answered by an AOA staff or volunteer who is very knowledgeable in medical records and coding.
- ❖ AOA Coding Webinars are provided as an AOA member-only benefit to educate doctors and staff on medical recording keeping and coding.
- ❖ AOAConnect is a social networking site and features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing ([connect.aoa.org](http://connect.aoa.org)).
- ❖ AOACodingToday.com is an AOA member-only benefit available to all new and renewing AOA members at no cost. CodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information, previously available to members for \$349 annually.
- ❖ AOA.ReimbursementPlus.com, another excellent Web-based resource for information on coding rules, fee schedules, reimbursements and much more, is available exclusively to AOA members at a very attractive subscription rate.
- ❖ Codes for Optometry is provided by the AOA's Order Department for \$135. It is a two-volume set including Current Procedural Terminology® and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. 2011 is the first year that Codes for Optometry became available on a CD in a searchable format.
- ❖ *Optometry: Journal of the AOA*, will continue to feature articles on these topics in its Practice Strategies section.
- ❖ Paraoptometric Coding Certification is available through the Commission on Paraoptometric Certification by contacting [cpc@aoa.org](mailto:cpc@aoa.org) or calling 800-365-2219, ext. 4210.

AOA volunteers and staff have always been devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs. Much of these benefits are provided at no cost or at greatly reduced cost to AOA members.

## The definitions for the 99000 series codes are fairly objective and detail-oriented.

would have to pay a fee when they enroll or re-enroll. The AOA helped obtain an exemption from Congress for physicians, but the CMS decided not to extend the exemption to physicians who enroll as suppliers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). All DMEPOS suppliers are required to re-enroll periodically and to pay a re-enrollment fee, currently \$505, when their re-enrollment date comes around. No action is necessary until practitioners are informed by the National Supplier Clearinghouse that it's time for them to re-enroll. They can continue to provide post-op glasses for cataract patients in the meantime. Our best information suggests that re-enrollment will be required every three years.

**Question:** How about a situation in which I am already enrolled in Medicare, with a PECOS (Medicare Provider Enrollment, Chain, and Ownership System) record, have a Type 1 "Individual" National Provider Identifier (NPI), and am a provider for Medicare Part B, but my dispensary is a separate busi-

directly for the glasses and will not receive any reimbursement from Medicare for the materials. The practitioner needs to carefully explain the situation to the patient before ordering the glasses and should have the patient sign an Advance Beneficiary Notice (ABN), indicating that she/he understands the ruling and has decided to pay for the glasses her/himself. The practitioners would submit a claim to the DME contractor for their region on behalf of the patient, adding the -GY modifier indicating that the services/materials are statutorily excluded and not covered by Medicare.

The alternative for the patient would be to take the prescription to a dispensary that is enrolled with Medicare, present the prescription to the dispensary and request his or her covered glasses there. In that case, the patient would receive reimbursement for the glasses from Medicare. Practitioners will probably have some loyal patients who choose to stay with them and order glasses through their dispensary, paying for the glasses themselves, and others who will seek the



## PARAOPTOMETRIC PARTNERS

# Elevate your talent by adding value to your staff and practice

Does your practice delegate tasks and responsibilities to optometric staff as part of your strategic plan for revenue growth? This is a question worth consideration by upper management when looking at means to increase productivity.

When it comes to delegating job responsibilities to paraoptometrics, management must consider the benefits of delegation that will add value to their staff and practice.

Delegation means assigning authority and/or responsibility over to someone to complete a task, function or reach a goal.

Trusting paraoptometric staff to complete tasks normally performed by the optometrist may require a shift in thinking.

The role of paraoptometrics is ever-changing and the value they add to the bottom line of the practice is greatly increasing.

When the practice utilizes

trained, certified staff, there is an increased level of competency in providing quality patient care.

Delegation of certified paraoptometric staff contributes to increases in office efficiency, patient satisfaction, and return business.

Management may not have or want to take time to delegate, but the need for delegation is on the rise.

Practices that are thriving in this uncertain economy find delegation enables them to elevate their staff, provide quality patient care, and increase profitability for the practice.

Delegation frees the optometrist's time for other tasks concerning patient care. It is a viable tool to involve, develop, and empower optometric staff.

Delegating to a specific employee is a way to utilize his or her special expertise or skills, may reward positive performance, and develop the

employee for a future position.

It is important to have a Delegation Plan in place before assigning new tasks. Communication becomes the cornerstone for effective delegation. Planning and preparation is required to ensure the desired results are achieved.

Things to consider while designing your Delegation Plan:

- ❖ Evaluate the complexity of each task
- ❖ Who will be assigned to perform the task?
- ❖ Why was this person chosen to complete the task?
- ❖ Is there any specialized training needed to enable staff to complete the task successfully?

Once this is determined,

communicate all the necessary information to the paraoptometric, outline the expectations, and answer any questions that may arise.

Once delegated, there should be ongoing communication regarding the task, answering questions, and offering support as the task is completed.

To ensure positive outcomes, it is necessary for ongoing communication throughout the process to touch base, modify the plan if necessary, and provide feedback.

As the optometrist goes through his/her daily routine consider what tasks could be turned over to the paraoptometric.

Offices that have implemented their Delegation Plan are experiencing tremendous growth. They are able to provide care for more patients per hour than before.

Some who served three to four patients per hour are now able to serve between seven and 10 patients per hour by utilizing certified staff.

Staff are viewed as a vital asset bringing more value to the practice through patient satisfaction and return visits.

Join those who delegate with confidence and experience practice growth by elevating their staff's value.

For more information about the Delegation Checklist, contact [PS@aoa.org](mailto:PS@aoa.org).

## Delegation Plan Checklist

- ❖ List the expected results by delegating the task to staff
- ❖ Set the timeline for the task is to be completed. Is there a deadline for completion or is the task ongoing?
- ❖ Determine which staff person is the best fit for the task.
- ❖ Determine if there is any specialized training needed for the task to be successfully completed.
- ❖ Determine if there are any additional costs involved. Is the return on investment (ROI) worthwhile?
- ❖ Establish how much decision-making authority will be given to the staff person. What will be the decision-making criteria?
- ❖ Inform staff, who need to know, about the delegation.
- ❖ Set a meeting time to review the details of the task with staff involved.
- ❖ Determine how progress will be monitored. How often should you provide progress updates?
- ❖ Discuss beforehand any challenges that may be encountered and possible solutions.
- ❖ Set date to review progress to provide feedback, make adjustments, and determine any further action that may be needed
- ❖ Review completed task. Insert a note in employee's file for next performance review.
- ❖ Show appreciation.

## Paraoptometric Section announces 2011 awards

The AOA Paraoptometric Section honored the recipients of its annual awards at Optometry's Meeting® in Salt Lake City last month. The recipients were recognized for their service and dedication to the paraoptometric profession at the 32nd Paraoptometric Section Awards Luncheon sponsored by CIBA Vision.

Shoni M. Sharp, CPOT, of Olivet, Mich., received the Paraoptometric of the Year (POY) award. MeLissa Olson of Gaylord, Mich., received the Community Service Award, and the Mississippi Paraoptometric Association was recognized for its membership effort with the Bridgeway Award.

Sharp was honored for her leadership in paraoptometric

organizations, her strong support of paraoptometric education, and her community involvement for more than 10 years. She was also named the 2010 POY by her home state of Michigan.

Olson was recognized for promoting optometry and eye care to her community through her volunteer work with vision health care. She has volunteered for organizations such as the American Cancer Society, Big Brother Big Sister, Michigan's Special Olympics, InfantSEE®, and VISION USA.

The Mississippi Paraoptometric Association accumulated the highest number of points in 2010-2011 for its active collaboration with the AOA Paraoptometric Section.



## FROM THE AOA

# For the love of optometry

## A profile of AOA Trustee Andrea Thau, O.D.

**H**er father's love of optometry inspired Andrea Thau, O.D., to pursue what was to become a lifelong passion. Now, as the owner of her five-women practice in Manhattan, N.Y., Dr. Thau continues in her father's footsteps as a provider of vision care for patients and an advocate for the profession.

**Q:** What is it about the profession that makes you so passionate about it? In other words, what motivates you?

**A:** Some have said that I was destined to be an optometrist. After all, my first word was light! My decision to become an optometrist crystallized after winning second place in my school's science fair in 7th grade for my project titled "The Eye and How It Functions." As part of the project, I dissected a cow's eye on the kitchen table with my father's help. Obtaining a cow's eye was not easy, but my father was able to obtain one from my cousin who was a butcher. My father brought home surgical instruments from the hospital. I thought it was really cool, but my mother didn't stay in the kitchen

while my Dad and I conducted our surgical experiment. In 8th grade, I conducted a science project comparing the visual memory of students in the most advanced class to the students in the least advanced class. I was fortunate to have had the opportunity to work in my father's office from time to time as I was going through school. Observing him was an invaluable experience. He was truly a primary care optometrist who examined patients from babies to seniors.

**Q:** On the flip side, what is it about the profession that gives you cause for concern?

**A:** I am sad about the apathy that some of our colleagues exhibit. Many of them do not feel the need to join the AOA. Even worse, others try to sabotage AOA's great work. As I was growing up, I watched my father and his colleagues advocate on behalf of our profession. Thanks to their efforts, I inherited a much stronger profession, and a much broader scope of practice. He loved our profession with all of his heart, as I do too. We are an optometric



**Dr. Thau examines an infant in her Manhattan practice.**

family and we need to stay united to advance our profession and better serve our patients.

**Q:** Can you share more information about the specifics of your practice and how you go about fulfilling your goal of providing quality vision care for your patients?

**A:** I own a five-women private practice on Park Avenue in Manhattan. We provide full-scope care for patients of all ages. We are especially known for our work with children, including special needs children. We provide vision therapy, fit contact lenses and treat ocular disease. Being involved in organized optometry has provided the satisfaction of knowing that I am helping to advance our beloved profession.

**Q:** What goals are you hoping to accomplish with your practice (or actually realizing now within the practice)?

**A:** We have tried to establish ourselves as one of the premier private practices in the country. We are nationally recognized lecturers. Our doctors are faculty members, residency-trained, and published. We establish long-term relationships with our patients, some of whom travel from other

countries to see us. We try to provide the finest care, while also demonstrating compassion and concern for our patients of all ages.

**Q:** Since you have been a member of the AOA, what has changed within the AOA organization and what has remained the same?

**A:** AOA has become stronger and stronger. Our Washington office, under the leadership of the talented Jon Hymes, does an outstanding job of representing us on the Hill and making sure that optometry has access to our patients. Dr. Barry Barresi has revamped and streamlined operations at AOA, helping to make us more efficient and financially sound.

**Q:** Could you elaborate a little more on why it is important that younger ODs become members of AOA and get involved?

**A:** Optometry is our profession. If we are not for ourselves, who will be for us? Our youngest colleagues are joining our profession during a golden age, having inherited many rights and privileges thanks to those ODs who have come before them and volunteered their time, talent and energy to bring optometry to

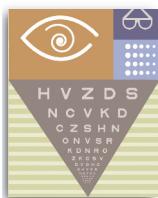
where it is today. I feel an obligation to "pay it forward" and I hope the young ODs will too. As a way of showing gratitude to those AOA members whose efforts brought our profession to where we stand today, so too must we donate our time and energy to advance the profession for the next generation. Being a member of AOA is your professional insurance. It protects your right to practice. Just as you would never consider practicing without your malpractice or business insurance, no OD should practice without his or her professional insurance, AOA membership. Those ODs who are involved develop lifelong friendships, build successful practices and are very happy professionally.

**Q:** What do you hope for the future of optometry?

**A:** I hope that optometrists will be widely recognized as the go-to experts in eye and vision care. I also hope that all children undergo an InfantSEE® exam in the first year of life, and then undergo regular, comprehensive eye examinations throughout life. Finally, I hope that we will have access to our patients and be able to provide the finest eye and vision care for all.



**Andrea Thau, O.D., dances with her father, Edwin C. Thau, O.D., on her wedding day in 1984.**



## SPOTLIGHT ON AOA MEMBERS

# AOA-PAC volunteer's enthusiasm sparks advocacy

Dorothy Hitchmoth, O.D., became hooked on advocacy after her first AOA Congressional Conference in Washington, D.C., almost 19 years ago. Dr. Hitchmoth was a first-year optometry student at that time and admits she never could have imagined what has turned out to be a career-long tenure as an advocate, educator, successful optometric executive and

dent to be the National Student Liaison on the AOA-PAC board. I have attended the Washington, D.C., advocacy meeting, with enthusiasm, every year since that time in 1992!"

Her role in the advocacy arena progressed from the student liaison, to AOA Keyperson for members of Congress, to state PAC representative, to state legislative chair, to state association

organization grew, I came to realize that I had the potential to influence how millions of patients access eye and vision care. What a profound responsibility and what a wonderful opportunity to help promote and improve human quality of life."

While Dr. Hitchmoth is busy serving as the chief of optometry at the VA Medical Center in Vermont and as a VA New England Eyecare Group consultant for the Department of Veterans Affairs, owning a private practice and company called New England Telehealth, and working as a clinical professor of optometry for three colleges of optometry and Dartmouth Medical School, she always finds time to volunteer for the AOA and the NHOA. Dr. Hitchmoth, who is also a Fellow of the American Academy of Optometry, draws no distinction between her job as an optometrist and her role as a patient advocate.

"Those of us who have served the AOA for many years will often refer to the 'AOA family,'" said Dr. Hitchmoth. "There is something special about this group of doctors who have invariably dedicated much, if not all of their career, to not only taking care of patients, but advocating on their behalf." She goes on to state "Optometrists who are thinking of becoming involved in advocacy should understand that a volunteer role in AOA will afford them a welcome place for launching their ideas and enthusiasm for the benefit of the patients we serve."

Dr. Hitchmoth has received innumerable educational and patient care awards; however, in 2001, she was named NHOA Optometrist of the Year and, in 2003, she was named the AOA Young Optometrist of the Year for her advocacy efforts.

"The AOA award was a wonderful accolade, but more importantly it gave me a national stage from which I was able to thank many col-

leagues and highlight the importance of the role of optometry in the Department of Veterans Affairs and the Department of Defense," said Dr. Hitchmoth. "Caring for veteran and military patients is a privilege that has guided my enthusiasm for many years. Similarly, there were many optometrists at the AOA and state-level organizations whose shoulders I stood on for many years, so the opportunity to publicly recognize their influence on me was absolutely exhilarating."

Dr. Hitchmoth emphasizes that, "every optometrist has a passion that inspires them. I hope more colleagues will draw from their own inspirations and become involved in AOA advocacy."

Dr. Hitchmoth's work continues. She has been actively fighting on behalf of the profession and patients at both the national and state levels.

"From a political and advocacy perspective, my work over several years toward passage of advanced therapeutic legislation in New Hampshire and Vermont definitely represents a memorable time," she said. "More recently, participating in the process that led to passage of the Harkin amendment has been one of the most exciting AOA advocacy group accomplishments in many, many years!"

Dr. Hitchmoth stays involved because she's seen directly the impact volunteers have.

"Just knowing that over 180 million people in this country need eye care each year keeps me on a path that



**Dr. Hitchmoth**

supports the doctors who take care of these patients," she said. "Besides, optometry always fights and most often wins in the public health arena. Who doesn't want to be on a winning team?"

Still, Dr. Hitchmoth knows optometry needs future volunteers to keep the gains it's made and forge ahead for the future.

"Getting involved outside of the exam room is no longer an option," she said. "The complexity and demands of our current health care system require that all of us with the privilege of education and resources get involved in some way. Every optometrist has a special skill or attribute that they can offer in support of the AOA. It will always be the collective strength of the profession that potentiates our successes, so I encourage all members to take that first step and join the enthusiasm. There is something special about caring for America's eyes and vision!"

To get involved, contact the Washington office at 703-837-1376 or visit [www.aoa.org/pac](http://www.aoa.org/pac).

*Every optometrist has a special skill or attribute that they can offer in support of the AOA. It will always be the collective strength of the profession that potentiates our successes, so I encourage all members to take that first step and join the enthusiasm.*

mother. She attributes much of her success to the relationships she was able to build through her volunteer work for the AOA and New Hampshire Optometric Association (NHOA).

Dr. Hitchmoth recalls, "The New England College of Optometry AOA-PAC school representative invited me to attend because I was already involved in political advocacy. By the time I reached my fourth year of optometry school, I was selected by the AOSA presi-

president, to AOA-PAC board member, to her current role as AOA-PAC vice chair.

Dr. Hitchmoth's enthusiasm propelled her to give back to her profession and its future.

"In my opinion, volunteerism always subtends innumerable and often unexpected positive returns, so how could advocacy not become an absolute passion over time," said Dr. Hitchmoth. "When I first became involved with AOA, it was simply lots of hard work and plenty of fun. As my responsibility in the



**AOA-PAC fights and wins for optometry. From left, AOA-PAC Director Julie Trute; Assistant Director of Political Affairs Adam Weiss; and AOA-PAC Chair Ron Benner, O.D.**

### Editor's note

AOA News is highlighting the admirable charitable work, exceptional patient care and unique contributions that distinguish members of the American Optometric Association.

Got a story to share? Drop a line to [TLOverton@aoa.org](mailto:TLOverton@aoa.org).





## AOA SECTIONS

# SVS to offer Sports Vision University at schools, state meetings

The AOA Sports Vision Section (SVS) is proud to offer its Sports Vision University (SVU) program this fall at the Southern California College of Optometry (SCCO) on Aug. 28, New England College of Optometry (NECO) on Sept. 24 and the Southern College of Optometry (SCO) on Nov. 5.

The SVS will also be scheduling a September date at the State University of New York State College of Optometry.

This program is for optometrists as well as students of optometry and

encourages participation in optometric sports vision services within the profession.

The SVU course consists of four hours of continuing education (CE) and may be split into two two-hour CE courses. The course is COPE approved.

The AOA SVU program curriculum provides a comprehensive overview of the many aspects of sports vision and includes:

- ❖ Marketing and Building a Sports Vision Practice
- ❖ Enhancing Visual Performance Skills in Athletes
- ❖ Correction and Protection for Athletes

### ❖ Managing Sports-Related Eye Injuries

"There is a huge market of athletes who have visual needs that could be addressed with sports vision services," said Steven Hitzeman, O.D. "These services include protection, correction, contact lenses, altering the visible light transmission to increase contrast of visual stimuli, and enhancing the visual skills that are important for that sport. There is a need for these services, no matter the level of the athlete – professional, college, high school, club sport or recreational activities."

This program has been

made possible by an unrestricted education grant from Vistakon<sup>®</sup>, a Division of Johnson & Johnson Vision Care, Inc.

State associations interested in adding this CE to state meetings this year should contact Section Coordinator

Alisa Krewet at 800-365-2219, ext. 4137 or by e-mail at [AGKrewet@aoa.org](mailto:AGKrewet@aoa.org).

Visit the AOA SVS Web site page for more information (<http://www.aoa.org/x4787.xml>). It will be updated as locations and dates are secured.



## ODs encourage others to volunteer for trips

Valerie Kelly, O.D., a humanitarian and 17-year AOA member, will embark on an adventure this fall that will take her to a place where a pair of glasses costs an average citizen more than a month's pay. For her, "going on volunteer trips is a rewarding way to help people see better and keep their eyes healthy, while also making connections with people that I would never have otherwise met."

Dr. Kelly has practiced optometry in the United States for 14 years and has used her talents to serve those less fortunate in Mexico and Costa Rica. She will now bestow the gift of sight in Jamaica as a volunteer with Great Shape! Inc.'s iCare vision project.

Her introduction to Great Shape!'s iCare project came in last summer's edition of the AOA News. "I was immediately intrigued," Dr. Kelly said.

While Jamaica is known for its tropical beauty, Reggae music, and plenty of goodness, there is also great need. In western Jamaica, there are no public health optometrists and only two public health ophthalmologists for more than half a million people.

"Unlike other volunteer trips that I have been on, the iCare project includes optometrists, ophthalmologists, and opticians. I really liked that the project also includes nurses to provide blood pressure and blood sugar screenings," explained Dr. Kelly.

Since 2009, the iCare project, in partnership with VOSH, LERC, the Sandals Foundation, and Sandals Resorts International, has served more than 3,000 Jamaicans. Teams of volunteers provide: eye exams, surgery referrals and thousands of

eyeglasses, readers, and sunglasses.

Ed Worthen, O.D., another AOA member, who volunteered in 2009-2010, recommends this project because "The infrastructure is very well organized. Sandals (Sandals Resorts International) takes care of housing and transportation. You can show up and get work done. Great Shape! has a well organized team that knows how to set things up and because of that a lot of people get help. Great Shape! makes it happen."

Dr. Kelly is most looking forward to examining school-age children on the trip. "They are so much fun to examine and are typically so curious about everything."

The iCare project serves all ages. iCare Program Director, Steven Stern, helped launch the project after he provided a pair of reading glasses to a Jamaican woman who had not been able to read for 10 years. "I was amazed by the difference a dollar pair of readers could make to someone's well-being. I became determined to help more Jamaicans with their eye problems," said Stern.

Great Shape! Inc. added the iCare project to its host of volunteer projects. Great Shape! is a 501 c 3 founded in 1988 that serves more than 40,000 people a year with three projects: iCare (vision), 1000 Smiles (dental), and SuperKids (literacy).

"It has been several years since my last volunteer trip, so I hope the iCare trip this fall will reopen the door to many more trips in the coming years," said Dr. Kelly.

Great Shape! Inc. and iCare welcome anyone with a heart for service.

For info and applications, check out [www.gsjamaica.org](http://www.gsjamaica.org) or e-mail [icare@gsjamaica.org](mailto:icare@gsjamaica.org).

**The newly elected Paraoptometric Section Council, from left, Mary Dunn, CPOT, immediate past chair; Rebecca Johnson, CPOT, trustee; Erlinda Rodriguez, CPO, trustee; Dianna Sweet, CPOT, secretary; Lori Kindschy, CPOT, vice chair; Beverly Roberts, CPOT, chair-elect; and Roberta Beers, CPOT, chair.**

## Codeheads, from page 51

user name/ password codes, signature pad, etc. If a practitioner's EHR software permits electronic signatures, be sure to verify with them that the method is acceptable to insurers and Medicare.

My suggestion is that every record should be signed by the person responsible for its content (written or electronic), and the signature should be accompanied by a printed/stamped/carefully hand-written name of the person as well.

That way, all payers' requirements will be fulfilled and practitioners will be less likely to be hassled in an audit for not having proper documentation.

As an alternative, some insurers will accept a signature log, in which each provider's signature is scrawled by the individual,

with the name carefully printed or typed next to the illegible real signature. The key with a signature log is to keep it up to date, as signatures can change over time, and to be sure the log includes all people currently signing records or other documents on behalf of the practice.

Some insurers, including many Medicare carriers, require that the signature itself is actually legible.

As many providers have experienced challenges from auditors due to illegible signatures, it may be necessary for practitioners to actually sign their name on each record in careful cursive, totally readable, to comply with the rules of payers whose rules specifically require a "legible signature" of the provider.

# Finding the perfect fit just got easier.



## [www.optometryscareercenter.org](http://www.optometryscareercenter.org)

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- Find a Practice to Purchase
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CooperVision  
Essilor of America  
HOYA Vision Care  
Johnson & Johnson Vision Care, Inc  
Kemin Health  
Luxottica Group  
Marchon Eyewear  
Optos  
Shamir  
TLC Vision Corporation  
Transitions Optical  
VisionWeb

**Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council™ to express themselves on issues and products they consider important to the members of the AOA.**



## Ophthalmic Council™ grateful for support of participant companies

The AOA would like to dedicate this segment of the Ophthalmic Council™ section to thank the companies listed to the left for their unyielding support of both the 2011 Optometry's Meeting® in Salt Lake City and the association.

The Ophthalmic Council™ serves as an informal forum for the leaders of the ophthalmic industry and the AOA to communicate their respective ideas and concerns while enhancing and advancing the ophthalmic industry to better serve patients and consumers.

In the course of its 13 years, the Ophthalmic Council's collective support of the AOA and the profession of optometry equals millions of dollars and countless hours of counsel.

A company's participation in the Ophthalmic Council™ begins with sponsorship support of projects or programs—either with a single sponsorship or collective support in several areas—as well as a demonstrated consistency with the AOA's goals and practices.

"The Ophthalmic Council™ is extremely valuable to the profession because of the interaction with industry leaders. It has become a vehicle for industry and the optometric profession to work together to benefit the patients that we both serve every day," said Howard J. Braverman, O.D., chair of the AOA Ophthalmic Council™. "Also, the Ophthalmic Council™ recognizes those companies at the top tier of support of organized optometry and to ensure an ongoing dialogue that benefits the profession."

The 2011 Optometry's Meeting® would not have been possible without their generosity.

# Transitions Optical promotes Cole to president

Transitions Optical, Inc. has announced that Dave Cole has been appointed president, effective immediately. In this leadership role, Cole will assume full responsibility for the Transitions Optical business.

Cole, who started with Transitions Optical when the company launched in 1990, took a global leadership position when he was named chief operating officer in October of 2010. In his expanded role, he will be accountable for effectively leveraging the regional and global leadership teams, and business strategy development and execution, while continuing to build strong strategic partnerships to drive the overall photochromic market.

"In the time Dave served as chief operating officer, he showed again and again how exceptionally well suited he is to lead Transitions Optical globally," said Rick Elias, CEO, Transitions Optical. "His in-depth knowledge of the optical industry and our business, ability to continuously

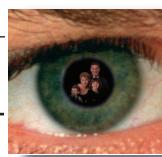
act with long-term perspective, and capability for building strong relationships within the industry and internally are just a few of his notable strengths."

After moving through a variety of sales and marketing roles in PPG Industries, Inc., over a nine-year period, Cole joined Transitions Optical in 1990 as manager of sales and business development. Since then, Cole has assumed positions of increasing responsibility as the company continued to experience strong growth, serving as business manager and then general manager of the Americas for Transitions Optical.

In 2004, Cole added Australia and New Zealand to his North American responsibilities and, in 2008, added global strategic initiatives. Cole's leadership has led to significant growth for the company and motivated strong loyalty from industry partners in these markets. Cole holds a bachelor's degree in medicine from the University of Notre Dame.



**The new Carrera 5530 sunglasses are inspired by a late-'70s model from the brand's stylistic heritage and has captured its vintage inspiration, reinterpreted in a modern way. The collection is enhanced by a completely new model, the Carrera 6630, which interprets the heritage style with an ample and geometric shielded style available in many different colors. [www.safilo.com](http://www.safilo.com)**



## INDUSTRY NEWS

# New children's vision plan covers two exams per year

**E**yeMed Vision Care has announced it will begin offering a first-of-its-kind vision insurance program specifically for children and adolescents.

The new EyeMed KidsEyes benefit will provide:

- ❖ Two funded eye exams within the same benefit year
- ❖ One additional covered pair of eyeglass lenses if the insured child's vision changes within the benefit year
- ❖ Included in the coverage:
  - ❖ Polycarbonate lenses
  - ❖ Photochromic lenses
  - ❖ Contact lens professional services (fit and follow-up)
- ❖ 40 percent discounts on additional pairs of prescription eyeglasses – including broken or lost eyeglasses
- ❖ 20 percent discounts on sports-related eyewear and non-prescription sunglasses at participating EyeMed providers to protect children's eyes from impact and ultraviolet (UV) rays

The new program is

intended to encourage younger people to keep their vision clear and in focus, as well as encourage good eye health habits including safety, UV protection and proper contact lens usage, according to a company statement.

"At EyeMed, we believe children should have access to more frequent eye exams when their eyes are changing, and use optimal lens materials designed to protect their eyes," said John Lahr, O.D., EyeMed medical director. "Children may not realize that their vision requires correction. The unfortunate truth is that about half of all American children have not had a complete eye exam."

"It's important to encourage younger people to keep their vision clear and in focus, and to use good eye health habits including safety, UV protection and proper contact lens usage," Dr. Lahr said. "Impact-resistant, polycarbonate lenses are designed to hold up to rough-and-tumble play and

sports, and many eye care professionals insist on such lenses for children's eyeglasses for safety reasons. EyeMed is the first managed vision company to offer such a benefit focused on children."

The KidsEyes benefit is designed to give parents peace of mind for savings on eyewear if their children's vision changes within the year and enhanced savings if their children need another pair of glasses.

Mason, Ohio-based EyeMed Vision Care, a part of Luxottica, is one of the nation's leading vision benefits organizations, with 30 million funded members, through 7,600 employers and health care companies across the United States.

In addition, EyeMed supports vision discount programs for some of the nation's largest membership and managed care organizations, reaching over 100 million discount members.

To learn more, visit [www.whyeymed.com](http://www.whyeymed.com).

## CIBA survey shows daily disposable CLs are top choice for ECPs

In an effort to provide the best possible care to patients, eye care practitioners (ECPs) must maintain a tremendous understanding of the differences between various types of contact lenses. Given this expertise, ECPs are well-positioned to make an educated choice of lens for their own eye correction.

According to a recent survey of 589 ECPs conducted by CIBA Vision®, 32 percent of those who wear soft contact lenses indicated they use daily disposable contact lenses for their own vision correction needs, making it the leading modality (compared to 26 percent for two-week replacement contact lenses and 27 percent for monthly replacement contact lenses). ECPs in the survey also reported regularly prescribing daily disposable contact lenses for their family members.

Most ECPs agree that the convenience of daily disposable lenses is unmatched by other modalities and that replacing lenses every day is a healthy choice. In fact, 43 percent of ECPs surveyed selected "maintains long-term eye health" as the single most important attribute in lens selection, followed by successful fit, overall comfort and end of day comfort. Wearing a fresh, clean lens each day lessens the chance of irritation related to day-to-day deposit accumulation. No other contact lens choice offers the wearer a new lens experience every day.

Nearly one-third of practitioners choose daily disposable lenses for their personal use, but fewer than 10 percent of contact lens wearing consumers take advantage of daily disposable lenses. Many consumers remain in their two-week or monthly replacement contact lenses despite the convenience and health advantages of the daily disposable alternative.

In the past, ECPs often viewed daily disposable lenses as an option only for specific patients: children, allergy sufferers, athletes or the part-time wearer. That mentality is changing as more practitioners are recognizing that daily disposable lenses, like the CIBA Vision portfolio of Dailies® brand contact lenses, are an excellent option for mainstream patients, not just those with special wearing needs.

In interviews with ECPs around the country, practitioners shared why they wear and prescribe the CIBA Vision portfolio of Dailies® brand contact lenses.

Tyler Glaze, O.D., of the The Eye Care Center in Oklahoma, recommends Dailies® brand lenses to any patient with a prescription that permits. "I often share the story of my graduating class with my patients," said Dr. Glaze. "All of my fellow colleagues chose daily disposables for their vision correction needs. That's a great testament for any patient – no matter their age or lifestyle – to know that future eye care professionals prefer a particular kind of contact lens for their personal vision correction."

Dailies® brand contact lenses feature a unique polymer, nelfilcon A, designed specifically for single-use contact lenses.

"Dailies® brand lenses are true daily contact lenses. Once patients wearing a brand other than Dailies® realize their 'daily' lens will hold up for several days, they stretch the wear, which defeats the purpose of putting them in a daily disposable product," says Amanda Barker-Assell, O.D., Advanced Family Eye Care in North Carolina.

For more information, visit [www.cibavision.com](http://www.cibavision.com).

## CooperVision introduces new multifocal

**C**ooperVision, Inc. formally announced the U.S. launch of Biofinity® Multifocal at Optometry's Meeting® in Salt Lake City. Biofinity Multifocal is the latest addition to the Biofinity family of monthly replacement contact lenses.

The product combines the Biofinity Asphere and Toric lens material with proven Balanced Progressive™ Technology.

In addition to the new product, CooperVision also introduced a new streamlined fitting approach. Working closely with eye care practitioners, CooperVision developed the new process to make it easier for eye care practi-

tioners to fit their patients and offer lens wearers an ideal combination of ease, comfort and eye health.

"One of the most important considerations for us in developing Biofinity Multifocal was listening to eye care professionals," said Richard Clompus, O.D., vice president, Global Professional Relations, at CooperVision. "Collaborating with the practitioners who work directly with lens wearers every day and understanding that every eye is unique - that's how we're able to bring outstanding new products to market time and again."

In clinical testing, Biofinity Multifocal lenses outperformed other brands in

a range of measurements, including end-of-the-day comfort, vision quality, and intent to continue with a lens.

CooperVision further validated the new fitting protocol through clinical testing with eye care practitioners, including Mile Brujic, O.D., of Bowling Green, Ohio.

"It is a remarkably comfortable lens and this is important for our contact lens-wearing presbyopes," Dr. Brujic said. "The sophisticated multifocal lens design makes it a versatile, uniquely designed lens for even your most demanding presbyopic patients."

Eye care practitioners can visit [www.coopervision.com](http://www.coopervision.com) for product details.



## MEETINGS

### July

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY  
21ST ANNUAL VICTORIA CONFERENCE  
July 14-17, 2011  
Coast Victoria Harbourside Resort & Marina, Victoria, British Columbia, Canada  
Jeanne Oliver  
503/352-2740  
jeanne@pacificu.edu

OPTOMETRIC EXTENSION PROGRAM/SOUTHERN COLLEGE OF OPTOMETRY CONFERENCE ON CLINICAL VISION CARE (CCVC)  
July 15-17, 2011  
Memphis, Tennessee  
Howard Bacon, O.D.  
hbacon@familyoptometry.net

OPTOMETRIC PHYSICIANS OF WASHINGTON EYE SYMPOSIUM NORTHWEST  
July 15-17, 2011  
Enzian Inn  
Leavenworth, WA  
Kim Calnan-Holt, O.D.  
1-800-562-1487  
www.eyes.org

OPTOMETRIC EXTENSION PROGRAM REGIONAL CLINICAL SEMINAR  
July 16-17, 2011  
Palm Beach Gardens, Florida  
Debra Shim, O.D.  
561/625-4380  
dshim@fdn.com

NORTHERN ROCKIES OPTOMETRIC CONFERENCE  
July 21-23, 2011  
Jackson, Wyoming  
Coby Ramsey, O.D.  
cramsey@wyoming.com

115TH MOA SUMMER SEMINAR MICHIGAN OPTOMETRIC ASSOCIATION  
July 22-23, 2011  
Crystal Mountain, Thompsonville, Michigan  
Pam Steffy  
517/482-0616  
FAX: 517/482-1611  
pam@themoa.org  
www.themoa.org

FLORIDA OPTOMETRIC ASSOCIATION  
2011 Annual Convention  
July 21-24, 2011  
Walt Disney World Swan and

Dolphin  
Kellie Webb  
800/399-2334  
kellie@floridaeyes.org  
www.floridaeyes.org

IOWA OPTOMETRIC ASSOCIATION  
OKOBONI OPTOMETRIC MEETING  
JULY 22-24, 2011  
Okoboji, Iowa  
Grace Kennedy  
515/222-5679  
FAX: 515/222-9073  
gracek@iowaoptometry.org  
www.iowaoptometry.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION VT/LEARNING RELATED VISUAL PROBLEMS (OEP CLINICAL CURRICULUM)  
July 22-26, 2011  
Grand Rapids, Michigan  
Theresa Krejci  
800-447-0370  
TheresaKrejciOEP@verizon.net

OPTOMETRIC EXTENSION PROGRAM REGIONAL CLINICAL SEMINAR  
July 23-24, 2011  
Calgary, Alberta, Canada  
Dr. Brent W. Neufeld  
drneufeld@calgaryvisiontherapy.com

NATIONAL OPTOMETRIC ASSOCIATION  
Annual Convention  
July 27-31, 2011  
Manchester Grand Hyatt, San Diego, California  
noa.2010@yahoo.com  
www.nationaloptometricassociation.com

SACRAMENTO VALLEY OPTOMETRIC SOCIETY SVOS TAHOE SEMINAR  
July 29-31, 2011  
Hyatt Regency Hotel, Incline Village, Nevada  
916/447-0270  
jerrysue@svos.info  
www.svos.info

### August

AEA CRUISES  
OPTOMETRIC CRUISE SEMINAR  
August 8-20, 2011  
Grand Mediterranean  
Aboard the Ruby Princess  
888/638-6009  
aeacruses@aol.com  
www.optometriccruiseseminars.com

FOUNDATION FOR OCULAR HEALTH, IN CONJUNCTION WITH ARAN EYE ASSOCIATES  
16TH ANNUAL ISLAND RETREAT  
August 12-13, 2011  
Casa Marina Resort, Key West, Florida

Gloria Ayan  
305/491-3747  
gayan@araneye.com

SWFOA EDUCATIONAL RETREAT  
August 12-14, 2011  
South Seas Island Resort  
Captiva Island, FL

Brad Middaugh, O.D.  
Fort Myers, FL  
239/481-7799  
swfoa@att.net

FORUM ON OCULAR DISEASE  
August 13-14, 2011  
Crowne Plaza Hotel, Orlando-Universal, Florida  
Sonia Kumari  
203/415-3087  
education@psseyecare.com

PRIMARY CARE UPDATE  
Nova Southeastern University  
August 13-15, 2011  
St. Simons Island, GA  
http://optometry.nova.edu/ce/index.html

OPTOMETRIC EXTENSION PROGRAM FOUNDATION VT/VISUAL DYSFUNCTIONS (OEP CLINICAL CURRICULUM)  
August 18-22, 2011  
Memphis, Tennessee  
Theresa Krejci  
800-447-0370  
TheresaKrejciOEP@verizon.net

OPTOMETRIC EXTENSION PROGRAM FOUNDATION THE FOUNDATION OF VISION THERAPY II  
August 19-21, 2011  
Versailles, Kentucky  
Theresa Krejci  
800-447-0370  
TheresaKrejciOEP@verizon.net

SOUTH CAROLINA OPTOMETRIC PHYSICIANS ASSOCIATION  
104TH ANNUAL MEETING & 3RD ANNUAL SCOPA PAC GOLF TOURNAMENT  
August 25-28, 2011  
The Myrtle Beach Marriott Resort at Grande Dunes  
803/799-6721  
info@sceyedocors.com  
www.sceyedocors.com

IDAHO OPTOMETRIC PHYSICIANS ANNUAL CONGRESS  
August 25-27, 2011  
Sun Valley Resort, Sun Valley, Idaho  
Randy L. Andregg, O.D.  
208/461-0001  
randregg@vision-1.com

THE GUILD ANNUAL MEETING  
August 26-27, 2011  
Renaissance Hotel, Charlotte, North Carolina  
Chuck Aldridge  
ccaldridge@yahoo.com

SPORTS VISION UNIVERSITY  
Vistakon  
Southern California College of Optometry  
August 28, 2011  
Alisa Krewet  
243 N Lindbergh Blvd, Flr. 1  
St. Louis, MO 63141  
314/983-4137  
AGKrewet@aoa.org

### September

SPORTS VISION UNIVERSITY VISTAKON  
State University of New York  
State College of Optometry  
September, 2011  
Alisa Krewet  
243 N Lindbergh Blvd, Flr. 1  
St. Louis, MO 63141  
314/983-4137  
AGKrewet@aoa.org

AEA CRUISES  
OPTOMETRIC CRUISE SEMINAR  
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Provence & Spain River Cruise  
AMA Waterways Swiss Pearl  
888/638-6009  
aeacruses@aol.com  
www.optometriccruiseseminars.com

ILLINOIS OPTOMETRIC ASSOCIATION  
ANNUAL 2011 FALL CONVENTION  
September 15-18, 2011  
Westin Chicago Northwest, Itasca, IL  
217/525-8012  
iow@ioaweb.org  
www.ioaweb.org

VERMONT OPTOMETRIC ASSOCIATION  
ANNUAL 2011 FALL CONFERENCE  
September 16-18, 2011  
Stowe Mountain Lodge, Stowe, VT  
David J. DiMarco, O.D.  
802/524-9561  
FAX: 802/524-6060  
djd@nveyecare.net

VISION DEVELOPMENT ASSOCIATES  
THE POWER OF VISUALIZATION  
September 17-18, 2011  
Kansas City, MO  
Beth Bazin, O.D., FCOVD  
816/333-1500  
www.visiondevelop.com

CE IN ITALY CONFERENCE  
September 20-22, 2011  
Florence Italy  
James Fanelli, O.D., FAAO  
910/452-7225  
jamesfanelli@CEintItaly.com  
www.CEintItaly.com

2011 FALL CONVENTION SOUTH DAKOTA OPTOMETRIC SOCIETY  
Setpember 22-23, 2011  
The Lodge at Deadwood, SD  
Deb Mortenson  
605/224-8199  
Sdeyes3@pie.midco.net

www.sdeyes.org  
OPTOMETRIC EXTENSION FOUNDATION PROGRAM  
42ND ANNUAL COLORADO VISION TRAINING CONFERENCE  
September 23-25, 2011  
YMCA of the Rockies  
Estes Park, CO  
720/870-2828  
Jamie@highlinevisioncenter.com  
www.visioncare.org and search "Estes Park" for conference info

SPORTS VISION UNIVERSITY  
Vistakon  
New England College of Optometry  
September 24, 2011  
Alisa Krewet  
243 N Lindbergh Blvd, Flr. 1  
St. Louis, MO 63141  
314/983-4137  
AGKrewet@aoa.org

CE IN ITALY CONFERENCE  
September 24-26, 2011  
Tuscany Italy  
James Fanelli, O.D., FAAO  
910/452-7225  
jamesfanelli@CEintItaly.com  
www.CEintItaly.com

### October

NORTH DAKOTA OPTOMETRIC ASSOCIATION  
2011 NDOA ANNUAL CONGRESS  
October 2-4, 2011  
Ramada Plaza Suites Fargo, ND  
Nancy Kopp, Executive Director  
701/258-6766  
ndo@btinet.net  
www.ndeyecare.com

GWCO Congress 2011 – "Striving for Excellence"  
Great Western Council of Optometry  
October 6 – 9, 2011  
Oregon Convention Center  
Portland, Oregon  
"The Northwest's Education Destination"  
Tracy Oman, Executive Director  
Peggy McCormick, Executive Assistant  
Ph: 503-654-1062, Fax: 503-659-4189  
gwco@gwco.org  
www.gwco.org

AOA: REDUCING THE RISK OF AGE-RELATED VISION LOSS  
October 8, 2011  
Hot Springs, Arkansas  
Melissa Flower  
314/983-4136  
FAX: 314/991-4101  
mlflower@aoa.org

NEW HAMPSHIRE OPTOMETRIC ASSOCIATION  
October 8-9, 2011  
Harborside Hotel, Portsmouth, New Hampshire  
603/964-2885

**To submit an item for the meetings calendar, send a note to [eventcalendar@aoa.org](mailto:eventcalendar@aoa.org). Please allow several months' lead time.**



## SHOWCASE

**16 CE UNITS  
PRIMARY CARE UPDATE**  
**August 13-15, 2011**  
**St. Simons Island, Georgia**

**For further information and to register:**  
**Web: [optometry.nova.edu/ce](http://optometry.nova.edu/ce) Tel: (954) 262-4224**

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**NOVA SOUTHEASTERN UNIVERSITY**  
College of Optometry  
Office of Continuing Education

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and Florida Board of Optometry Approval Pending

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# Fall Conference 2011

## 12 CE/TQ HOURS AVAILABLE

Saturday September 10, 2011: Power Hours  
Sunday September 11, 2011: Glaucoma Update 2011

**NOVA SOUTHEASTERN UNIVERSITY**  
College of Optometry  
Office of Continuing Education

**For further information and to register:**  
**Web: [optometry.nova.edu/ce](http://optometry.nova.edu/ce) Tel: (954) 262-4224**

Notice of Accreditation/Nondiscrimination  
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Three letters of reference should also be sent to:  
Michelle Welch, O.D.  
1001 N. Grand Ave, Tahlequah, OK 74464  
welchr@nsuok.edu • Ref: Position # E0002008

Questions concerning the position may be directed to Dr. Welch.  
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## SHOWCASE

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#### Education

Transcript Quality - 6 Hours • Continuing Education - 12 Hours

Total Hours 18 • 16 Hours Cope Approved

3 Hours CE Paraoptometric Attendees

#### Program / Speakers

Tammy Than, O.D., F.A.A.O.

6 hours TQ/CE

Daryl Mann, O.D., F.A.A.O.

6 hours CE

Exhibits

2 hours

April Jasper, O.D., F.A.A.O.

2 hours CE/EMR

Kim Reed, O.D., F.A.A.O.

2 hours CE Medical Errors

Ron Foreman, O.D., F.A.A.O.

2 hours CE

Optometric Jurisprudence

#### Information

Brad Middaugh, O.D.

1534 Brantley Rd., A-2

Fort Myers, Florida 33907

Phone: 239-481-7799

Fax: 239-481-3739

E-mail: swfoa@att.net

**Hotel Reservations:** Toll Free - 1-888-707-7888

#### Registration

Prior to July 10, 2011

A.O.A members - \$370

Non-members - \$470

#### Register on line at:

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After July 10th add \$50

to ALL registrations



### AEA Optometric Cruise Seminars 2011-2012

**Grand Mediterranean**, 8/8-8/20/11, 12 days, *Ruby Princess*. Venice, Athens, Kusadasi, Istanbul, Mykonos, Naples/Capri, Rome, Florence/Pisa, Monte Carlo, Barcelona.

**From \$1119pp**. Speaker: Michael Giese, O.D., Nova Southeastern University

**Provence & Spain River Cruise**, 9/3-9/10/11, 7 days, *AMA Waterways ms Swiss Pearl*. Arles, Avignon, Viviers, Tournon, Vienne, Trevoux, Lyon. **From \$2799pp** (land programs available). ~ **Labor Day** ~ Speaker: Louise Sclafani, O.D., University of Chicago

**Southern Caribbean Explorer**, 2/12-2/19/12, 7 days, *Caribbean Princess*. San Juan, St. Maarten, St. Lucia, Grenada, Bonaire, Aruba, San Juan. **From \$749pp** ~ **Valentine's Day** ~

**Western Caribbean**, 2/12-2/19/12, 7 days, *Royal Caribbean Allure of the Seas*. The World's largest cruise ship! Ft. Lauderdale; Labadee, Haiti; Falmouth, Jamaica; Cozumel, Mexico; Ft. Lauderdale. **From \$985pp** ~ **Valentine's Day** ~

**Panama Canal**, 2/17-2/27/12, 10 days, *Island Princess*. Ft. Lauderdale, Aruba, Cartagena, Panama Canal, Colon, Limon, Grand Cayman, Ft. Lauderdale. **From \$1449pp**

~ **President's Day** ~

**Western Caribbean**, 3/3-3/10/12, 7 days, *Crown Princess*. Ft. Lauderdale, Grand Cayman, Roatan, Belize City, Cozumel, Ft. Lauderdale. **From \$749pp**

**Alaska – Inside Passage**, 7/1-7/8/12, 7 days, *Star Princess*. Seattle, Ketchikan, Tracy Arm Fjord, Juneau, Skagway, Victoria, Seattle. **From \$899pp**. ~ **4th of July** ~

**Scandinavia & Russia**, 7/17-7/28/12, 11 days, *Emerald Princess*. Copenhagen, Oslo, Aarhus, Berlin, Tallinn, St. Petersburg, Helsinki, Stockholm, Copenhagen. **From \$2090pp**.

**The Enchanting Rhine River Cruise**, 8/9-8/16/12, 7 days, *AMA Waterways Amacello*. Basel, Breisach, Strasbourg, Speyer, Rudesheim, Cologne, Dusseldorf, Amsterdam. Optional pre-cruise land programs available; 2 nights in Zurich and/or 2 nights in Lucerne. **From \$2754pp**.

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### **FACULTY POSITION AVAILABLE IN OPHTHALMOLOGY/OPTOMETRY**

The UCLA Jules Stein Eye Institute and Department of Ophthalmology is seeking an Assistant Professor or Associate Professor In-Residence specializing in contact lens care for routine fits as well as for those suffering corneal irregularities, especially keratoconus; manage a specialty contact lens practice including staff, finances, coding and billing. The faculty member would have to maintain an active academic research program; teach ophthalmology residents, fellows and optometry fellows the principles and practice of contact lens fitting at the Jules Stein Eye Institute. Ophthalmologists must be board certified or eligible to be considered. All interested ophthalmologists and optometrists should send a curriculum vitae, the names of three references and a letter describing interests and accomplishments to:

**Anthony Aldave, M.D.**  
Chair of Search Committee  
Jules Stein Eye Institute  
100 Stein Plaza  
Los Angeles, CA 90095-7000

*The UCLA Jules Stein Eye Institute and Department of Ophthalmology is an affirmative action, equal opportunity employer. The department is particularly interested in candidates who have experience working with trainees of diverse backgrounds and a demonstrated commitment to improving access to healthcare. Candidates should describe previous activities mentoring women, minorities, students with disabilities, and other under-represented groups. The University is responsive to the needs of dual career couples.*

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[jamesfanelli@CEinItaly.com](mailto:jamesfanelli@CEinItaly.com)

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## SHOWCASE

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### AMERICAN OPTOMETRIC ASSOCIATION NEWS

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### FOUNDING PRESIDENT, APPALACHIAN COLLEGE OF OPTOMETRY

The Appalachian College of Optometry seeks applications from qualified candidates to serve as the Founding President for its new College of Optometry. Located in Grundy, Virginia, the College will join an already fully accredited College of Law ([www.asl.edu](http://www.asl.edu)) and College of Pharmacy ([www.acpharm.org](http://www.acpharm.org)) as the third professional College funded by the Buchanan County Industrial Development Authority.

The Founding President must be a proven leader who can provide the needed dynamic and effective leadership required to implement the Appalachian College of Optometry. In order to meet this requirement the Founding President must exhibit the personal, professional, and moral qualities of honesty, courage and ethics. The Founding President must have a vision for developing a rural based optometry program which is compatible with a private, independent institution and of the highest optometric clinical standards. An absolute requirement for the Founding President is to live and reside in Buchanan County.

The Founding President must have an earned Doctor of Optometry (OD) degree; hold a current license to practice optometry; be qualified for optometry licensure in the State of Virginia; demonstrate excellent oral, written, and interpersonal communication skills; have demonstrated a history of excellent organizational, priority management, and teamwork skills; be a proven leader in optometry and/or have had at least two years of successful experience in a leadership position in another ACOE accredited school or college of optometry.

Interested candidates should electronically submit a letter of intent to apply for the position along with a current Curriculum Vitae to Mr. Craig Horn at the following email address: [acocvs@gmail.com](mailto:acocvs@gmail.com)

Letters of intent and Curriculum Vitae submitted for Founding President will be accepted until **September 1, 2011** and reviewed until the position is filled.

The Appalachian College of Optometry is an Equal Opportunity Employer and reserves the right to reject any and all applicants if it appears to be in the best interest of the College.

# American Optometric Association NEWS



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**Full-time opportunity** with national managed care organization seeking Provider Relations Specialist, responsible for fee schedules, plan design, and network management. Formal eye care and business training preferred. Send resume to hr@opticcare.net or Human Resources c/o OptiCare Managed Vision, P.O. 112 Zebulon Court, Box 7548, Rocky Mount, NC 27804. Equal Opportunity Employer

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### Practice for Sale

**FOR SALE: 60 year practice,** Eastern Washington State, 16,000 population. Email: halehouse215@embarquemail.com. Phone: 509-837-5444 evenings. Equal distance Portland—Seattle—Spokane.

**MAINE- Portland area.** Optometrists wanted for both full and part time employment with opportunity to become owner/partner in a large primary care 35 year old optometric group practice. Competitive salary and benefits. Full service facility includes, GDX, OCT, topographer, aberrometer, anteroir segment cameras, Optos, EMR and optical surfing lab. Must have advanced therapeutic Maine license and desire to do contact lenses and medical eyecare including glaucoma. Contact office mgr; Cynthia Hennessey, EyeCare & Eyewear Center of Maine, Tel: 207-854-1801

**Optometrist F/T** Roanoke, Va. salary up to \$120,000.00 with benefits. Recent grads welcome to apply. Please call 732-502-0071.

**Practice for sale in Great Falls, MT** 26 year old practice in great recreational location on the Missouri River 90 miles south of Glacier Park. Great Falls is a city of 60,000 and is the 3rd largest city in Montana. Practice was formerly a franchise for 25 years but was converted to a private practice in August of 2010. It is located in an owned 5000 sq ft free standing building. It has 3 equipped exam lanes, an optical lab with Fast Grind and a Horizon III edger. Additional equipment include a video slit lamp, topographer, Humphrey Visual Field, and a new Topcon OCT/fundus camera. OfficeMate with ExamWriter is installed on 8 networked computers. Priced to sell!! Building can be leased or purchased. If interested, e-mail to pchristman@netscape.net.

### Miscellaneous

**Don't miss this exciting opportunity** to be part of the multi-disciplinary conference for the low vision rehabilitation field. September 21-24, 2011 at the St. Louis Hilton at the Ballpark, Envision Conference features clinical education, workshops and research presentations. Optometrists, ophthalmologists, occupational therapists, rehabilitation therapists, licensed visual therapists, nurses, vision researchers and other low vision rehabilitation professionals, can earn CE credits, meet with industry representatives to review new developments and technologies, access new products and services and network. More info: [www.envisionconference.org](http://www.envisionconference.org)

**DO YOU WANT MORE VISION THERAPY PATIENTS?** Are you tired of seeing patients walk out the door without getting the care that they need? Why wait until another patient says "If insurance doesn't cover it..." Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage. Expansion Consultants, Inc.: Specialists in consulting VT practices since 1988. Call 818-248-3823, ask for Toni Bristol.

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How would you like to donate your outdated equipment to a worthy cause and receive a *tax deduction* at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website ([www.vosh.org](http://www.vosh.org)) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BF), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Biomicroscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.

#### All items may be shipped directly to:

VOSH INTERNATIONAL  
C/O VOSH-SE  
3701 SE 66th St

Ocala, Florida 34480

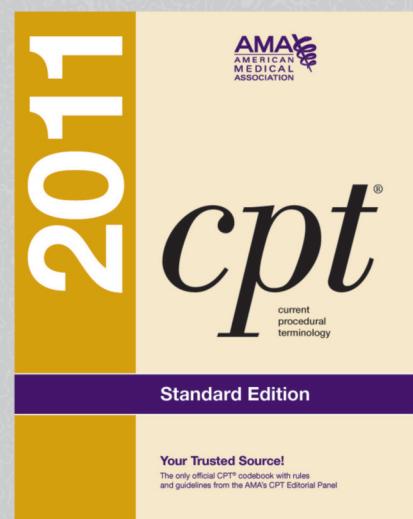
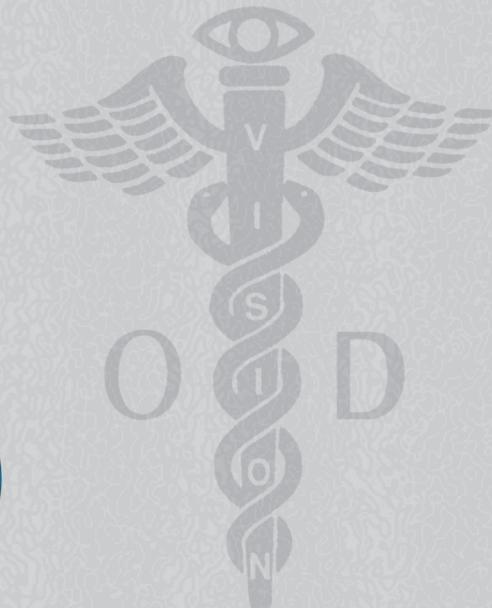
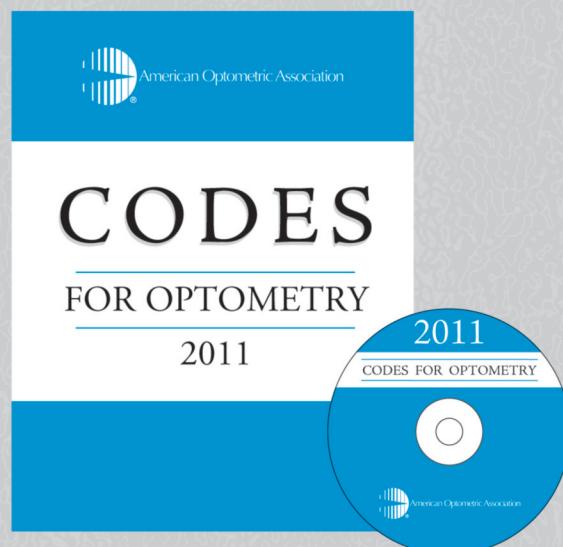
Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact [www.vosh.org](http://www.vosh.org) with any questions or email [dpvc@juno.com](mailto:dpvc@juno.com) and/or [voshinternational@comcast.net](mailto:voshinternational@comcast.net).

### Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$65 (40 words maximum) 2 column inches - \$115 (80 words maximum) 3 column inches = \$155 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at [t.peppers@elsevier.com](mailto:t.peppers@elsevier.com) attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers – Elsevier ad sales contact – at 212.633.3766 for advertising rates for all classifieds and showcase ads.

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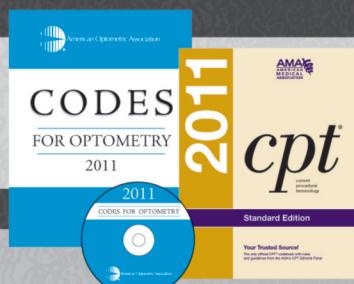
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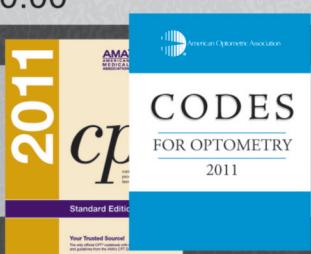
- Current Procedural Terminology
- ICD-9-CM – International Classification of Diseases (abridged for eye care)
- The CMS Documentation Guidelines for the Evaluation and Management Services
- The Healthcare Common Procedure Coding System
- The Correct Coding Initiative Edits for common eye care codes

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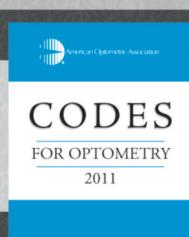
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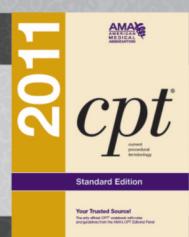
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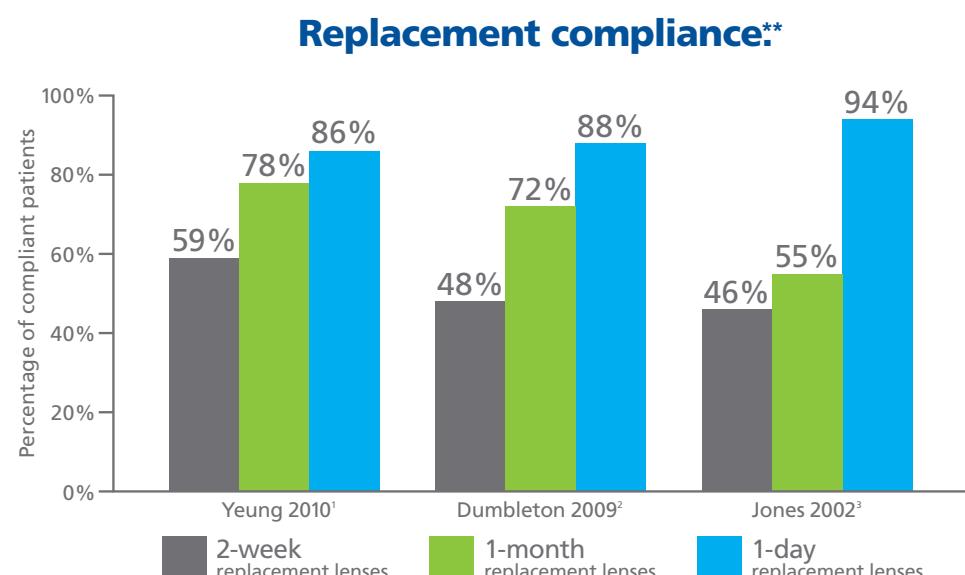
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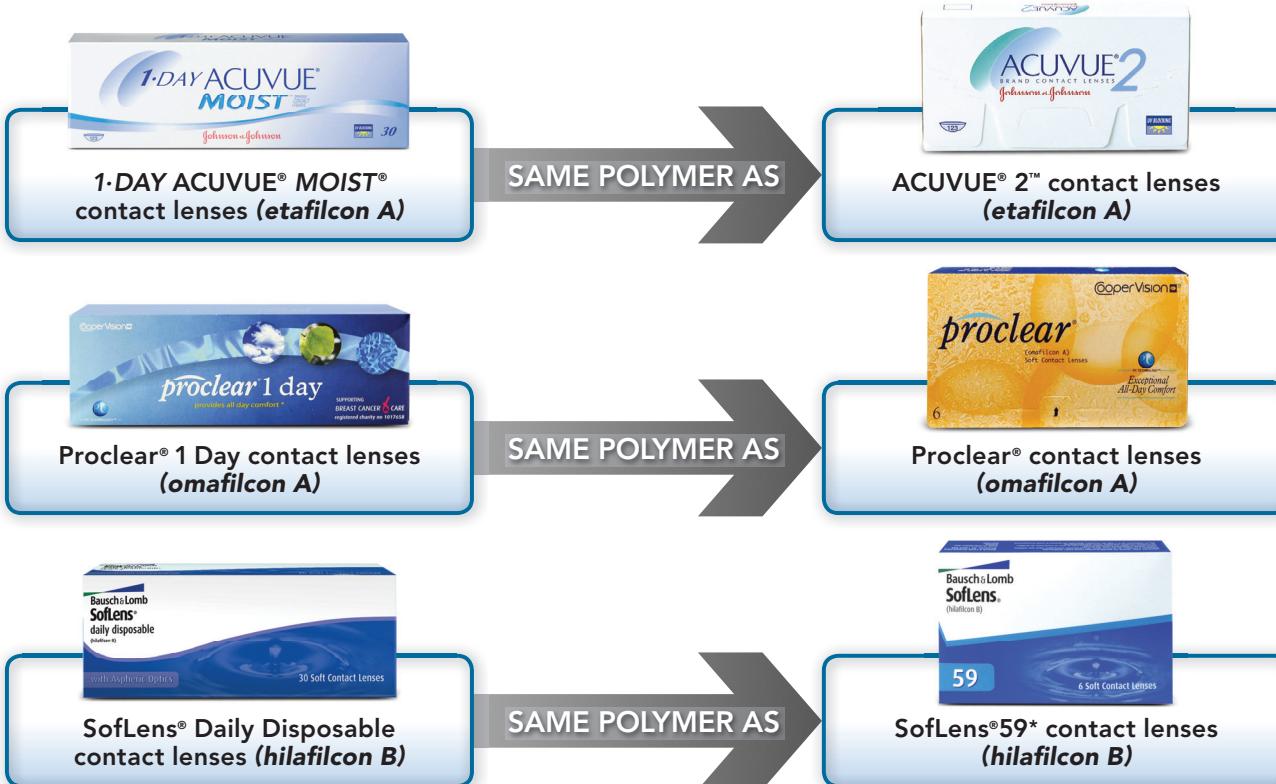


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